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UNIVERSITY OF WINDSOR  
SCHOOL OF SOCIAL WORK

DEVELOPING A MODEL FOR PROGRAM  
CONSULTATION IN SOCIAL WORK

by

Miriam Mary Krok

A research project presented to the School of Social Work  
of the University of Windsor in  
partial fulfillment of the  
requirements for the  
degree of Master  
of Social Work

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## ABSTRACT

The purpose of this study was to contribute to social work theory building by developing a model for program consultation.

The major research question concerned the appropriateness of the model for program consultation developed by the researcher. This question was answered by comparing the researcher's model with others offered in the literature pertaining to consultation in several fields. These fields included health, education, community psychology, business and management, community organization as well as social work. The model was substantially supported by the data from the literature.

The researcher made several recommendations based on the information presented in the study. These were that the model developed be tested in a variety of controlled practice settings, that social workers presently engaged in consultation share their experiences and information with other professionals in order to build a body of knowledge in the area, and that social work educators consider the training needs of future consultants.

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## CHAPTER I

### INTRODUCTION

#### Purpose of the Study

In 1963, Gilmore commented with regard to consultation in social work:

Currently there is a breadth and intensity of interest in consultation that is unprecedented. Colleagues, both within and without the profession are grappling with it. It should be possible for the practitioners, researchers and social work educators to reduce the number and variety of views of this activity, and to combine their efforts to identify the core configuration. This would result in a major contribution to the further clarification of the many-faceted activity that we call social work consultation (p. 50).

That observation is equally valid today. There is a developing need for consultation, which will be shown in the rationale for this study. Yet little has been done to consolidate social work theory or practice knowledge in the area.

Hence the purpose of this study is to develop a model for program consultation in social work. Such a model will contribute to theory-building in this area of practice. The model will be developed from literature relating to consultation in a wide variety of professions, including business and management, health, education, and community psychology, as well as social work.

## Background to the Study

This study has developed from the author's experience in social work consultation with child welfare agencies. On two occasions during undergraduate social work studies, she accompanied lecturers from the Social Work Faculty at the University of Queensland, Australia, as they undertook consultations with child welfare agencies. In both cases the task for the consultant was, in broad terms, to assist the agency in planning modifications to its service delivery in line with current thinking in child welfare. It is the observations and experiences of these exercises which provide the basis for this study. A brief description of the agencies involved and the type of consultation engaged in is therefore included here, to explain the nature and extent of the author's particular involvement in social work consultation.

### St. Mary's Child and Family Welfare Service, Alice Springs<sup>1</sup>

St. Mary's Child and Family Welfare Service as it is today represents the outcome of approximately thirty years of work by the Anglican Church with children in the Alice Springs area of Central Australia. It began as a congregate

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<sup>1</sup>The information given in this section is correct as of February 1975, when the first part of the consultation was undertaken. Since then, several changes have taken place. For example, the Sister who undertook welfare work with the families of admitted children and others has been replaced by a trained social worker.

care institution, but now provides residential facilities in six cottage homes for approximately forty children aged from five to fourteen years. Three of these cottages are contained on a campus site which also includes a swimming pool and an in-door activities building. This campus site is located four miles from the main Alice Springs town area. The other three cottages are established in some of the newer suburbs of Alice Springs and are separately contained family homes, virtually indistinguishable from the surrounding houses.

St. Mary's Child and Family Welfare Service is also engaged in "reaching out" activities to some of the fringe dwelling aboriginal groups, and offers a family welfare service to those families who have associations, both past and present, with St. Mary's.

St. Mary's is staffed by a superintendent (an Anglican layman with a keen interest in child welfare, although lacking formal qualifications in the field), two other administrative staff, together with cottage mothers (and in the case of the three town cottages, cottage fathers), relief cottage mothers, an Anglican Sister who has undertaken family welfare work with St. Mary's since its inception, and grounds and maintenance staff.

The consultation was requested by the superintendent, with the support of the Council of Management (the administrative body controlling the Service). The request coincided

with the development of plans by the superintendent for the construction of a multi-purpose residential facility on St. Mary's campus site. This proposed change was seen to create both the need and the opportunity for an assessment of the Service's total functioning, and this evaluation was the consultation task. To use Bindman's typology (1959), this consultation could be described as follows:

professional objective	:	child welfare
profession of consultant	:	social worker
content	:	program material
problem area focus	:	program
level of problem-solving technique	:	agency

The consultation was in two parts. The purpose of the first part, in which the author was involved, was as follows:

(a) to provide a preliminary report for child welfare lecturer, Lin Reilly, who is to visit St. Mary's later in 1975;

(b) to make a preliminary estimate of the needs and developments in child welfare in the area, to assist St. Mary's in the planning of future services;

(c) to examine present child welfare resources in the area with a view to future planning;

(d) to describe St. Mary's itself as an organization in order to locate problem areas, growth points, pressures for change, etc. (Alcorn & Krok, 1975, p. 1).

The method employed to achieve these goals reflected



the project's wide range and purpose. As a questionnaire was seen as inappropriate for such an initial assessment, a more free-ranging information gathering method was used.

Information was collected from three sources. The first was documents relating to the structure and policies of St. Mary's. These included the composition of the Council of Management, financial statements and admission policy for children entering St. Mary's. The second source was verbal information obtained in interviews with all staff at St. Mary's, while the third was interview information gained from people in organizations in Alice Springs which were in any way related to St. Mary's. This included representatives from the Department of Community Welfare, personnel from other Churches providing child welfare facilities and representatives of aboriginal welfare agencies. Notes were taken from all interviews and, together with the written documents, provided the factual base for a report which was prepared by the consultant and sent to St. Mary's prior to the second part of the consultation. The second part, in which the author was not personally involved, took place some four months later and concentrated on St. Mary's itself, seen against the background of information on the community provided in the first report.

St. Joseph's Home for Children,  
Neerkol<sup>2</sup>

St. Joseph's Home is located in Neerkol, fourteen miles west of Rockhampton in Central Queensland. It stands on a large property, which helps to support the child care service with its farm produce. Some sixty children, ranging in age from preschool to early adolescence, are cared for in the solid brick buildings which originally catered for two hundred children in a traditional congregate care setting. In response to new knowledge in child welfare, the Sisters of Mercy, who run the Home, have reduced the numbers in recent years, and divided the children into groups of approximately fifteen, each under the care of one Sister.

The home is staffed by seven Sisters of the Order of Mercy - one is the administrator and heads the community of children and Sisters, four work as house mothers, one as a cook and a further two as teachers in the school on the grounds. These seven Sisters are assisted by farm employees and ground staff. Some of the children in residence attend high schools, primary schools, and opportunity schools in Rockhampton. Those for whom the travel involved would be too wearying and the level of schooling too high remain in the school at St. Joseph's.

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<sup>2</sup>The information in this section is correct as of August 1975, when the consultation was undertaken. However, the author is not aware of any significant changes which may have taken place since that date.

The request for consultation at St. Joseph's was spear-headed by one Sister in the Order who had recently completed a Social Work degree. Her belief in the need for expert help was supported by the Order's executive body. The problem faced by the Sisters was that of deciding the future of the Home. Realizing that even with the present modifications St. Joseph's was not providing the most beneficial form of care for the children there, the Order had to decide whether to close the existing Home and establish more appropriate facilities such as family group homes and if so, how to expedite this decision. Hence, the task of the consultation was to assess the child welfare needs in the geographical area served by the Home, analyse the Sisters' ability to meet these needs and on the basis of this information present the Order with a range of alternative solutions to their dilemma.

Again the method of information gathering used was relatively unstructured. All staff at the Home, together with other significant members of the Order, were interviewed to provide the consultant with an understanding of the present structure and function of the Home as well as an indication of the potential for change within the Order. Any relevant documents, such as the Order's Constitution, were also examined. Members from other organizations in Rockhampton who influence St. Joseph's functioning were interviewed, for example, representatives from the Depart-

ment of Children's Services, personnel from other organizations providing care for children and members from any organizations which may have an alternative use for St. Joseph's. The information from all these sources provided the basis for a report which was sent to the Order after the consultation.

Bindman's typology (1959) for this consultation could be constructed as follows:

professional objective	: child welfare
profession of consultant	: social worker
content	: program material
problem area focus	: program
level of problem-solving technique	: agency

From a comparison of the descriptions of the consultation undertaken with each agency, it is clear that the two projects had much in common. Both concerned child welfare, and more specifically, substitute residential care for children. In both cases the problem area focus was the agency's service delivery program, with the result that the content of the consultation centered on program material.

The implication of this similarity for the present study is that the author's practical experience in consultation comes from a particular and specialized social work setting, and hence the study stems from the experiences and observations of that limited field.

Rationale for the Study - the Place  
for Consultation in Social Work  
Practice<sup>3</sup>

Other than the author's particular interest in the subject, is there any other justification for an introductory study of the social work role involved in program consultation? The author suggests that in recent years there has been a pressure for program consultation brought about by many factors, that these factors will ensure its importance for the near future, and that herein lies the rationale for this study.

What are these factors? They fall into two categories. The first category stems from the fact that consultation has potential as a vehicle for planned change. Since consultation can be a method of achieving planned change, some of the pressures for consultation are rooted in the factors which have created a desire for such change.

One impetus for planned change which has affected consultation is a shift in emphasis in social welfare values. The rapidity of social change has contributed to a shift towards greater emphasis on prevention, as distinct from cure. This has raised new questions about the goals of welfare, with a trend towards goals which incorporate a belief in the right of all to have access to services that prevent breakdown in social functioning. Social policies

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<sup>3</sup>The following is based primarily on the author's involvement in social work in Australia. However, it appears that much of the information is equally appropriate for the Canadian situation.

are thus viewed at least in some quarters as potentially powerful instruments for comprehensive social change, rather than merely as reactive measures to ameliorate undesirable circumstances. As Benne, Bennis and Chin (1969) point out, the model question has shifted from "should we seek to plan change" to "how to plan particular changes in particular settings and situations" (p. 31). This increased emphasis on total welfare planning has brought a corresponding need for an increased number of planning specialists. Program consultants have been called on to assist agencies as they plan services in accordance with these objectives.

A second factor which has created a need for planned change and hence encouraged consultation is the increase in the body of knowledge concerning welfare services. The undertaking of more research in all fields of welfare has resulted in more literature being available and increased dialogue about welfare standards and services. A greater awareness of what constitutes high quality service delivery has exerted a pressure for improved services, and consultants have been used both to transmit this new knowledge to agencies and also to assist them in upgrading their service delivery programs in accordance with research findings.

A third pressure for planned change comes from an agency's unique environment. As Davey (1971) notes, both external and internal forces are involved here. External pressure for change may derive from changes in the avail-

ability of resources and the awareness of change programs in other agencies. Internal pressures can come from perceived inadequacies in present performance and changes in values or goals in agency staff.

A fourth and ever-present impetus for change which has of late involved consultants is the fact that the very human circumstances under which caring services are performed will always be in a state of change. Review is never finished.

Hence these four factors - the changing philosophical orientation to the goals of welfare, new and increased knowledge about desirable welfare services, each agency's unique environment and the fact that welfare services are continually evolving have created crises in the provision of welfare services. These crises have called for planned change, of which consultation has been an implement.

The second category of factors which has created pressure for consultation involves a matching between particular needs in the welfare field and the suitability of consultation as a method for meeting those needs. The first such factor stems from the fact that the desirability of decentralized welfare services is increasingly being acknowledged. The financial drain, family upheaval and social isolation which can result for residents of provincial towns and country areas when they have to travel large distances to welfare facilities in major cities make

it desirable for the maximum number of welfare services to be available in each community. Thus a need for social welfare manpower in geographically isolated areas has been pinpointed. However, the vastness of both the Australian and North American continents makes this extremely difficult. For example, the staff of St. Mary's Child and Family Service identified the need to employ a graduate in the social science field with experience in welfare work, in order to develop their service fully. However, it is unlikely that such a person could be lured to Alice Springs for anything more than a short period. Geographic and professional isolation, climatic conditions and other such factors are deterrents. The use of a consultant, employed to visit St. Mary's at intervals, could help overcome this problem. The consultant could contribute to staff development, help with the clarification of the organization's welfare objectives, provide information on child and family welfare topics and support to staff.

A second factor which makes consultation appropriate in some agencies is the high cost of employing professional personnel. The use of consultants allows an agency which could not afford the salary for a full-time, highly paid professional to have the benefit of such a person on a sessional basis.

Thirdly, as social work becomes more technique-oriented an ever-increasing range of skills are seen to pertain to



it.. Consultation allows an agency (whether or not it already employs welfare personnel) to choose people with different areas of expertise as consultants, depending on the nature of the problem faced by the agency at any particular time.

Fourthly, consultation provides one answer to the general manpower shortage in the welfare field. In the larger cities as well as more isolated areas, there is a shortage of welfare personnel with sufficient training and experience to guide agencies in their planning. Consultation offers a method for distributing the talents of those few people amongst the many needy agencies.

Fifthly, the pressure for evaluation of agency services has provided a task for which program consultation is appropriate. This pressure for evaluation has come from many sources, which are worthy of elaboration. As programs have proliferated, competition for funds and personnel has heightened. Funding bodies are demanding justification of expenditure and accountability of funded organizations. Agency administrators have been impelled to consider alternative programs and evaluate their relative merits in order to decide on the allocation of limited funds within the agency. As needs and resources have got out of balance both in quantity and type, pressures have mounted to assess current ways of meeting needs and possible modifications to existing programs. In addition, as the knowledge base

of the welfare field has expanded and deepened, those who apply it have become more sensitive to the need for critical evaluation of what they do. A consultant with the necessary expertise, who comes from outside the organization and hence can view its operation with some objectivity, can facilitate the evaluation which such factors demand.

A sixth and related issue has to do with credibility. A new and inexperienced agency can gain a measure of credibility for its service if it is evaluated and approved by a professional consultant. Similarly, a new service in an old agency can gain credibility after receiving a consultant's approval.

From the above discussion it can be seen that there are many factors encouraging the use of program consultation. As it seems unlikely that all these forces will be removed in the near future, social workers can continue to expect to be called on to work as consultants. This, combined with the scarcity of pertinent literature on the subject, makes this study of program consultation both timely and necessary.

This chapter has introduced the study by outlining its purpose, its background and its rationale. Chapter II will provide an introduction to the topic of consultation in social work practice, in order to clarify what is meant by the term as it is used in this study.

## References

- Alcorn, B. & Krok, M. St. Mary's Alice Springs: A preliminary report. University of Queensland, February 1975.
- Benne, K. D., Bennis, W. G., & Chin, R. Planned change in America. In W. G. Bennis, K. D. Benne and R. Chin, The planning of change. New York: Holt, Rinehart & Winston, 1969.
- Bindman, A. J. Mental health consultation: Theory and practice. Journal of Consulting Psychology, 1959, 3, 470-477.
- Davey, N. G. The external consultant's role in organizational change. Michigan State University: Graduate School of Business Administration, 1971.
- Gilmore, M. H. Consultation as a social work activity. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963.

## CHAPTER II

### CONSULTATION IN SOCIAL WORK PRACTICE

Consultation, according to the Shorter Oxford Dictionary (3rd. ed.) is "the action of taking counsel together; deliberation." In this broad sense, consultation takes place among many people and in many situations. To some extent everyone is a consultant, as everyone has impulses to give advice, information or help.

As it will be used here, however, the connotation of the word "consultation" is a professional one, which is subsumed under the concept of planned change, that is, change which derives from a purposeful decision to effect improvements in a social system, and is achieved with the help of professional guidance. In this planned change model, consultation involves an interaction between the change agent - the consultant - and the change system - the consultee (Gorman, 1963; Lippitt, Watson & Westley, 1958).

Since consultation in this more precise usage is for many an unfamiliar area of social work practice, this chapter describes in simple terms the essential elements of consultation: how it may be defined, its basic characteristics and the types of consultation used in social work practice.

### \* Social Work Consultation Defined

Consultation in social work has become a ubiquitous activity with many different connotations. It is variously characterized as an area of practice, a practice skill or technique, a social work process or professional role, a functional speciality, or a position classification. There is no single, agreed-upon definition of consultation as it is used in social work practice. However, there are common elements in the potpourri of explanations for the term, and on the basis of these it is possible to isolate groups of similar definitions.

One group of definitions concentrates on the problem-defining and problem-solving aspect of consultation (Encyclopedia of Social Work, 1974; Gorman, 1963; Rapoport, 1963), highlighting the consultant's concern with finding solutions to the work problems of the consultee. Thus the Encyclopedia of Social Work defines consultation as follows:

Consultation in social work practice is a professional method of problem-solving involving a time-limited, purposeful, contractual, relationship between a knowledgeable expert, the consultant, and a less knowledgeable professional worker, the consultee (1975, pp. 156-157).

In such definitions, the emphasis is on the technical skills of the consultant and his ability to use concrete knowledge to provide answers to practical problems of the moment.

A second group of definitions places primary emphasis on the interpersonal relationship between consultant and

consultee (Bindman, 1959; Caplan, 1963). For example, "consultation is an interaction process or interpersonal relationship and takes place between two professional workers" (Bindman, 1959, p. 473) and "consultation is . . . the process of interaction between two professional persons" (Caplan, 1963, p. 470). Here the relationship skills of the consultant are emphasized, and consultation is seen primarily as a vehicle for the consultee's growth and development. This growth will make him more able to deal with present and future problems competently.

There is a third group of authors (Cockerill, 1954; School of Social Service Administration, 1951), who synthesize the ideas of the former two in their conception of consultation by placing equal importance on the technological and relationship aspects of consultation. Hence, "consultation is a process by which expert knowledge and skills are transmitted in a relationship between consultant and consultee for the purpose of problem solving" (School of Social Service Administration, 1951).

This view insists that there are two bodies of knowledge involved in consultation. The first is the technology associated with a particular welfare field, the assessment of welfare needs in that field in a given community and the analysis of an agency's ability to meet these needs. This area of methodology is perhaps best described as the "what" of consultation. The second body of knowledge needed in

consultation is related to the "how" of consultation or the process by which the consultant uses the consultation relationship to realize the potential of the consultee and his agency.

This third type of definition emphasizes consultation that is aimed at some improvement in the future functioning of the client system through use of the consultation relationship, rather than simply completing the immediate task satisfactorily. As Steele (1975, p. 4) suggests, the total impact of the consultant's contribution is greater if it is cumulative, due to improved process or structure, than if it is specific to only one task at a time. It is this third view of consultation that is to be understood by the term as it is used in the ensuing chapters.

It is interesting to note that this tension between knowledge and technology on the one hand and interpersonal relationship skills involving caring and feeling on the other is presently a major issue for the whole of social work. As the body of social work knowledge increases, workers and agencies must decide how to incorporate this technology, which will achieve the desired ends, into a system which has traditionally been based on the means incorporated in values and ethics which are relationship oriented.

Clients of any social work service (including consultation) should have the benefit of both technical proficiency

and an appropriate attitude on the part of the social worker.

As Kadushin sums it up:

If technique without feeling is ineffectual, feeling without technique is inefficient. If technical competence without compassion is sterile, compassion without competence is an exercise in futility (1972, p. 4).

### The Essential Components in Social Work Consultation

Just as there is no agreed upon definition of consultation in social work practice, so no one characteristic distinguishes consultation from all other social work activities. It is distinguished rather by a particular constellation of component features, to which many authors allude (Bartlett, 1961; Bennis, 1966; Caplan, 1970; Gilmore, 1963; Green, 1965; Insley, 1959; Korchin, 1976; Lippitt, 1959).

As it is to be understood in this study, consultation has five essential components. Firstly, consultation is an indirect service method since the help is given for the consultee's own use on behalf of his client or program. The consultant takes no direct action in relation to the treatment of the situation or the solution of the problem.

Allied to this is a second characteristic. The consultant has no administrative control over the consultee. He is not part of the hierarchical power system in which the client is located. The consultant's authority rests



primarily on his specialized knowledge and skill and on his expertness in using the consultation method. His authority is legitimated through administrative sanction granted by the consultee agency. Despite this intrinsic authority, the consultant has no administrative authority over the outcome of the work. The responsibility for action of outcome is that of the consultee.

Thirdly, consultation necessitates a voluntary, coordinate relationship between the consultant and the consultee agency, initiated at the consultee's request. It cannot take place in a mandatory situation involving a superior and a subordinate. However, it should be noted that the relationship between the consultant and all members of the consultee agency may not always be of a voluntary nature. For example, although the agency's management may have requested the consultation, agency workers may oppose it or misunderstand its purpose. The consultant has then to deal with this hostility at the outset of the consultation.

Fourthly, the consultation relationship is perceived as temporary by both parties. It involves a circumscribed problem or segmented situation within a time-limited span. It is not concerned with total personality or global-type organizational goals that can develop indefinitely. This is not to say that a consultant and consultee can only work together on one occasion. Although this may happen, a consultant may work with a consultee on the same issue for

periods spread over a number of years, or be invited to re-establish contact with the consultee as new problem areas arise.

Fifthly, the general purpose of consultation is to help the consultee solve some problem in his own work. Hence, the relationship is a task-oriented one. The task can be in any area, ranging from practical and concrete problems in service delivery to the relationship area, where communication patterns may need to be developed to facilitate more effective planning, co-ordination and evaluation.

These five characteristics are the chief distinguishing features of consultation. Some of these characteristics also belong to other social work activities such as supervision, professional education, psychotherapy, casework and community work (Altrocchi, 1972; Caplan, 1970; Mannino & Shore, 1972). There are differences, however, which help to clarify the scope of consultation and these will now be outlined briefly.

The crucial difference between consultation and supervision lies in the administrative and authoritative aspects of the supervisory role. The administrative role and the hierarchical status of the supervisor together with his responsibility for the outcome of the job, evaluation of the job performance of the supervisee and transmission of organizational expectations distinguish consultation from supervision.

Consultation has educational goals as it aims to give the consultee increased or supplemental knowledge, understanding and skills, and hence is aligned with professional education. However, as Caplan explains, consultation's "opportunistic character . . . must be emphasized in contrast with the more systematic approach of most other methods of training in which a pre-determined curriculum is to be covered" (1970, p. 23).

While the object of psychotherapy is to enable the client to solve personal problems, the object of consultation is to help the client solve work problems. Consultation also involves many of the same techniques as casework, but in consultation they are applied only to the extent that they are appropriate for a relationship whose aim is to help the consultee with his professional problem - a relationship which is not set up to give direct help with personal problems. Further, both casework and psychotherapy are direct services, whereas consultation is an indirect service vis-a-vis the clientele of a professional person or agency.

Consultation also involves the use of community work methodology. Much of the technology used in consultation - such as measurement of welfare needs, establishment of needs and resources and development of an action plan is also used in community work. However, although community work may have any of the five component features of consultation,

it is possible for an activity defined as community work not to involve all of them.

### Types of Consultation in Social Work Practice

Consultation may be practised in many social work settings and be used as a vehicle for change at several different levels. One way of viewing consultation is to divide it into two broad categories, namely case consultation and program consultation (Caplan, 1963, 1964, 1970; Insley, 1959). Bindman (1959) and German (1963) offer alternative categorization schema.

In case consultation the social work consultation focuses on helping the consultee to understand and deal more effectively with individual case situations. Caplan (1963) has further divided this category into client-centered case consultation and consultee - centered case consultation. In the former, the problems encountered by the consultee in dealing with a professional case are the major focus of interest, and the immediate goal is to help the consultee find the most effective treatment for his client. In consultee-centered case consultation the primary focus of the consultant is upon the consultee, rather than upon the particular client with whom the consultee is currently having difficulties. The problems of the client are still the main content area of the consultation discussions, but in contrast to client-centered consultation in which the

consultant's main interest is in diagnosing the difficulties of the client, his primary endeavour in this second instance is to assess the nature of the consultee's work difficulty and to help him handle this.

In program consultation the social work focus is broadened from the individual case to include factors in the community and groups within the community. The social work consultant gives help in analyzing social welfare needs in a community and developing or improving agency services to meet them. Caplan (1963) distinguishes two varieties of program consultation. The first, program-centered administrative consultation, involves the consultant in helping with a current problem in the administration of a social welfare program. In response to the needs expressed by the consultee, the primary focus of the consultant is on making a specialized assessment of the current predicament, then recommending a plan of action to resolve the difficulty. In the second type, which Caplan calls consultee-centered administrative consultation, the primary goal is to help the consultee develop an improved capacity to master problems in the planning and maintenance of welfare programs and the interpersonal aspects of the operation of their agencies.

The chapters which follow are concerned exclusively with program consultation, and contend that it is both consultee and work centered, as there are dynamic factors

of personality perceptions, values and processes that must be considered with the problem to be solved. The terms "consultant" and "consultee" also have a particular meaning as they are used in this study. The consultant is a professionally trained social worker, working with the consultee agency for a time limited period or periods at the invitation of the agency. He is an outsider, in the sense that he has no position in the agency hierarchy. The consultee is the person within the agency who undertakes major involvement in the consultation relationship on behalf of his agency, the consultee agency. This person may or may not be professionally trained, but increasingly it is becoming the case that the consultee is a trained social worker. The agency is a social welfare organization, regardless of size, which seeks help in improving its service delivery program in some way.

#### The Historical Development of Consultation in Social Work

Little has been written concerning the historical development of consultation, and what is available dates back to the early 1960's. Writing in 1963, Mary Holmes Gilmore noted that originally, the professional consideration of consultation arose from two different fields of practice, namely public welfare and medical social work.

In the area of public welfare, large organizations

experienced a need for both intra-agency reinforcement for professional skills, and supervision of partially educated or professionally untrained workers in the developing service. Thus social work consultation in public welfare had the dual objective of administrative accountability and in-service training.

Medical social workers found that practice in a secondary or host setting involved collaborative activity on an interdisciplinary basis. Thus the purpose of medical social work consultation was defined, in part at least, in terms of achieving maximum interdisciplinary collaboration through a consultative form of teaching.

Therefore, the respective needs in medical social work and public welfare gave different emphases to social work consultation and also resulted in unique influences on the profession. The public welfare services have been influential in the development of in-service training, while medical social workers have directed their influence toward professional education and post graduate staff development. As a result, in 1951 the American Association of Medical Social Workers included curriculum content in consultation as part of its published proposals for the professional education of medical social workers.

In both these areas - public welfare and medical social work - the original focus was on the individual client, and only later broadened to include groups and the community.

Hence, case consultation has existed over a longer period than has program consultation. Perhaps its earlier development and acceptance emanate from the fact that it is essentially an extension of clinical practice. Fundamentally it ascribes problems to specific clients rather than to the servicing agency and hence arouses only limited resistance on the part of agency personnel. On the other hand, program consultation, dealing as it does with the agency as a system, can arouse very strong resistance from the client agency. Program consultation has not been nearly as well conceptualized as case consultation and there is no fully described technique for its implementation.

During World War II program consultation received some emphasis in North America. At that time, the increasing numbers of hierarchically organized state and national agencies found it necessary to establish what Gilmore terms "field services" (1963, p. 36) as a device to maintain and promote their program objectives. Thus another type of social work consultant came into being. His focus was on both the individual client and the agency as a social system. The objectives were upgrading programs and extending special areas of service. The content orientation was toward both program and administration.

Still another strand in the professional development of consultation services started with community organization practitioners in community chests and councils. Their



original objective was co-ordination of the services provided by all social welfare agencies.

Since the late 1960's, social work consultation has been greatly influenced by its counterpart in the field of business. With the absence of both theoretical and practice models in their own discipline, social workers in the area of consultation have looked to the body of literature concerning consultation in business for guidance. This turning to the business field for information may also be influenced by the limited number of social workers who have specialized in administrative and planning areas and hence the tendency within the profession to regard these as illegitimate areas of social work practice.

Business consultation has some applicability to program consultation as its subject is generally an organization and its personnel. However, there is a danger in the application of business theories and principles to social work. This emanates from the fact that the goals and underlying values are not the same for the two professions. Gilmore (1963) suggests that consultation is a legitimate social work activity only when it conforms to the working definition of professional practice, namely, "interventive action directed to purposes and guided by the values, knowledge, and techniques which are collectively unique, acknowledged by and identified with the social work profession" (Gordon, 1962, p. 11). Business consultation is

not defined in these terms.

There are several fundamental differences between welfare agencies and business firms. Firstly, greater efficiency increases profits in business while in social work it may increase costs. Since demands for an agency's services are usually far in excess of its ability to meet them, an increase in efficiency usually results in a demand for more service. Only rarely does the income of an agency grow more rapidly than its program. Hence, when a social agency becomes more efficient, costs tend to escalate. Although increased efficiency leads to increased service to the community, it is an intangible benefit which does not show up on the profit and loss statements to which management consultants are accustomed.

Secondly, while a business has to make a profit to stay in operation, a social welfare agency does not. When a business loses money consistently, society permits it to be liquidated, via bankruptcy proceedings. On the other hand, society expects a welfare agency to lose money. In fact, it calls social agencies non-profit enterprises, to emphasize this point. The community may question the motives of welfare agencies which make a profit and penalize those that make money by revoking their tax-exempt status.

Thirdly, while deficit financing can be fatal to business it is often life-giving to welfare agencies. In business, if losses are foreseen in a projected budget,

costs can be slashed. Then as the budget year moves on, efforts are constantly exerted to keep the budget in balance, which means - in business terms - to prevent a deficit. In a welfare agency, the budget is used for measuring the agency's program and guiding the executive in policy determination. Often the budget is intentionally unbalanced. Income can be shown as equal to outgo on a balance sheet by the simple device of including the deficit as income.

These fundamental differences between business enterprises and social welfare agencies show why social work consultants cannot include in their own practice all the qualities of consultation in business. A practical example illustrates the difficulties for a welfare agency which uses the services of a management consultant.

In 1971, Sir Walter Scott, the chairman of one of Australia's leading firms of management consultants and a member of the Salvation Army's Eastern Territory Advisory Board, offered the Army the services of his company to determine the Army's needs and priorities in the Sydney area for the 1970's and beyond. This report was completed and made available to the Army in February 1972. Many of its statements are expressed in terms appropriate to social work consultation. For example, in its introduction the report states:

This report is a guide to the Salvation Army in planning its future development. . . . It will help the Army decide - as only the Army can decide - on its order of priorities now and in the future (Scott, 1972, p. 1).

The Report contains detailed calculations on the cost of various services offered by the Army, re-sale of Army properties and the like. These are extremely valuable, yet unlikely to appear in the report of a social work consultant.

However, some statements indicate a lack of understanding of the welfare field on the part of the consultants, and a failure to appreciate the commitment of welfare personnel to particular services. For example, the Report states baldly that; "current welfare programs which it is recommended the Army discontinue are institutional care of children" (Scott, 1972, p. 4). The reason given for this discontinuation was the uneconomical nature of the services. This recommendation has proved extremely unpalatable to Army administrators and no steps appear to have been taken to implement the recommendation. This is at least partly because the recommendation fails to take into account the Army's emotional commitment to the care of children. This commitment has historical roots in the Army's involvement - since its conception - in the care of needy children. It has present-day roots in the extent of the Army's resources - both financial and manpower - involved in care for children. If such a suggestion is to be accepted and put into practice by the consultee agency, then the consultation report would need to evidence understanding of such commitment, and considerable effort would have been needed in the consultation process to help the consultee work through the implications

of such a suggestion.

In addition, the recommendation fails to take into account the interlocking nature of welfare services. It seems to ignore the fact that should the Army withdraw its service, the large number of children in their care would need to be absorbed by other child welfare agencies. There is no discussion in the Report of the feasibility of this. A social work consultant is more likely than a management consultant to be sensitive to such needs.

Management consultants have also been called in to serve Canadian welfare agencies. For example, the Ontario Children's Aid Societies engaged the services of Urwick, Currie & Partners Ltd., (1969). They undertook a "Study of the Managerial Effectiveness of Children's Aid Societies in Ontario." The purpose of this survey was "to review the practices and financial policies of the societies to enable the Minister to better appraise the effectiveness of their operations and to assist in anticipating the financial impact of their programs on the province" (p. 1). A good deal of the report is given over to financial discussions, as is appropriate for the purpose of the survey and the expertise of the consultants. However, the author questions whether such heavy emphasis should be placed on financial matters when considering a welfare agency. An agency such as a Children's Aid Society, which has primary responsibility in the vital area of child care, cannot be expected to offer

a cheap service. This is not to suggest that cost-saving devices should not be used, but that they should only be used when no deterioration of service is entailed. The detailed attention given in this report to issues such as capital and expense budgets suggests to this author that the consultants view financial savings as more important than quality service.

The consultants, despite their lack of expertise in the field, also make suggestions in the area of casework planning. For example, one of the major shortcomings suggested in the Children's Aid casework services, is that plans are not documented adequately and it appears that cases are sometimes opened without thorough consideration of the program of work which will be followed (p. 14). While this may be the case, the consultants show no appreciation of the factors which could influence the situation. For example, the situation regarding hastily opened cases may reflect community emergency rather than faulty social work practice.

Hence, this Canadian study reinforces the Australian evidence that severe shortcomings are likely when consultants from the field of business are employed to evaluate welfare agencies. However, social work consultants can learn from their counterparts in business management those skills which are relevant to social work. But, consultants from the two fields must never operate in exactly the same way, because of their different professional backgrounds. This dis-

similarity is a positive thing. The fact that the methods used by management consultants can challenge social work values may encourage the social work profession to enunciate its own value position more clearly and forcefully.

Having given some background information on the topic of consultation in social work, the next chapter turns to the literature relating to this topic. This literature provides the data on which the model developed by the researcher rests.

## References

- Bartlett, H. M. Social work practice in the health field. New York: N.A.S.W., 1961.
- Bennis, W. G. Changing organizations. New York: McGraw Hill, 1966.
- Bindman, A. J. Mental health consultation: Theory and practice. Journal of Consulting Psychology, 1959, 23, 470-477.
- Caplan, G. Types of mental health consultation. American Journal of Orthopsychiatry, 1963, 33, 130-137.
- \_\_\_\_\_. Principles of preventative psychiatry. New York: Basic Books, 1964.
- \_\_\_\_\_. The theory and practice of mental health consultation. New York: Basic Books, 1970.
- Cockerill, E. E. (ed.). Social work practice in the field of tuberculosis: Proceedings of a symposium. University of Pittsburgh School of Social Work, 1954.
- Encyclopedia of Social Work. New York: N.A.S.W., 1974, 16, 156-157.
- Gilmore, M. H. Consultation as a social work activity. In L. Rapoport, (ed.), Consultation in social work practice. New York: N.A.S.W., 1963.
- Green, R. The consultant and the consultation process. Child Welfare, 1965, 44, 42-46.
- Gordon, W. E. A critique of the working definition. Social Work, 1962, 7, 8-13.
- Gorman, J. F. Some characteristics of consultation. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963.
- Insley, V. Social work consultation in public health. In G. Caplan, Concepts of mental health and consultation. Washington: U.S. Department of Health, Education and Welfare, 1959, 213-232.
- Kadushin, A. The social work interview. New York: Columbia University Press, 1972.
- Korchin, S. J. Modern clinical psychology. New York: Basic Books, 1976.



Lippitt, R. Dimensions of the consultant's job. Journal of Social Issues, 1959, 15, 5-12.

Lippitt, R., Watson, J., & Westley, B. The dynamics of planned change. New York: Harcourt, Brace & Co., 1958.

Ontario Ministry of Community and Social Services, Task Force on Community and Social Services. Report on Selected Issues and Relationships. January 1974.

Rapoport, L. Consultation: An overview. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963.

Scott, W. D. Report of the Salvation Army's Activities in the Sydney Area. Sydney: W. D. Scott and Associates, 1972.

Steele, F. Consulting for organizational change. Amherst: University of Massachusetts Press, 1975.

### CHAPTER III

#### AN OVERVIEW OF THE LITERATURE - THE DATA FOR THE MODEL

In this chapter the literature pertinent to a model for program consultation is reviewed. As the researcher's model is based on the information provided by this literature, the chapter also serves to present the data for the study.

Since consultation is practised in a number of fields - psychology, psychiatry, public health, nursing, business and management, education, behavioural science and social work - the author has cast a wide net when searching out the literature for this review. It has been her assumption that writings on consultation in these other fields may contribute to a clearer understanding of program consultation in social work.

The purpose of this study demands an enhanced conceptualization of program consultation, as the basis for a model of the consultation process. Hence, the material presented in this chapter is divided in terms of those authors who conceptualize the consultation process in their writing and those who do not. In this study, the term "conceptualization" is to be understood as a "mode of reasoning, as distinguished from results of research or methods of doing research which contributes to clarification of concepts" (Tripodi, Fellin & Meyer, 1969, p. 95). Hence, authors who present a reasoned

framework for considering the consultation process will be considered to conceptualize the consultation process.

The first section of this review will deal with those authors who do not, according to this definition, conceptualize consultation. The second section will then explore the writings of those authors who do.

#### Non Conceptualized Writings on the Consultation Process

Many authors writing about consultation do not conceptualize the process involved. Such authors include Abramovitz (1958); Adamson (1970); Balter (1971); Berken and Eisdorfer (1970); Buttner (1975); Caplan (1959); Corneliuson and Kenyon (1960); Deyhle (1965); Eriksen (1977); Gaupp (1966); Gibb (1959); Gilmore (1963); Gorman (1963); Green (1963); Green (1965); Greenhouse (1965); Griffith and Libo (1968); Grossman and Quinlan (1972); Guder (1963); Lippitt (1959a); Mannino and Shore (1972); Paster (1971); Patton (1974); Robbins and Spencer (1968); Shortall (1961); Steele (1975); Stringer (1965); Taylor and Randolph (1975); Tilles (1961); Weil (1966); and Wittreich (1966).

There is a variety of reasons for the failure to conceptualize the consultation process in these writings. Firstly, many authors clearly have another purpose in writing. Berken and Eisdorfer (1970) and Grossman and Quinlan (1972) for example, devote their articles to a description of consultation efforts which failed, and an attempt to explain

this failure. Several authors in the business management field (Buttimer, 1975; Green, 1963; Weil, 1966; Wittreich, 1966) write about the ways a manager can obtain the greatest satisfaction from the consultant he employs. Another group of authors in the business field (Greenhouse, 1965; Deyhle, 1965; Tilles, 1961) highlight the ambiguity of the consultant's role in this area. Paster (1971) addresses his writing to managers who want to become consultants, while Gaupp (1966) deals with the issue of authority, influence and control in consultation.

There is a second group of authors which does not conceptualize the consultation process. These authors give no clear purpose at all for their work. Included here are Abramovitz (1958); Gorman (1963); and Gilmore (1963).

A third reason for failure to conceptualize the consultation process is evidenced by Taylor and Randolph (1975, pp. 83-92). They choose to deal very briefly with a particular aspect of consultation, namely agency consultation, as part of a book with a scope far broader than consultation. Eriksen gives consultation even scantier attention, merely referring to it as one of a number of professional roles necessary for the human services worker (1977, p. 18). His book also extends far beyond the topic of consultation.

From this brief discussion it can be seen that many authors, for a variety of reasons, choose not to conceptualize the consultation process in their writings. This does not

necessarily detract from the value of their work, but does preclude them from further attention in this study.

### Conceptualized Writings on the Consultation Process

A total of eighteen books and articles will be reviewed in this section. This is the number of works encountered by the author which evidence conceptualization of the consultation process as it is defined for this study.

These eighteen items are divisible into seven sections according to the profession or field to which they pertain. This division has been made on the basis of two criteria. The first was the title of the work, supported by its content. Secondly, if the item was either a journal article or edited book, its location was also taken into consideration.

The seven fields to which the articles relate are as follows: health, education, community psychology, business and management, organizational development and social work. Two relate to a cross section of fields.

Each of these categories will now be examined in detail.

#### Health

The six articles in this grouping can be divided into three sub groups, namely, mental health, public health and health in general.

Four authors conceptualize the consultation process with

reference to mental health (Altrocchi, 1972; Altrocchi, Spielberger & Eisdorfer, 1965; Brown, 1967; Haylett & Rapoport, 1964).

John Altrocchi, in his article "Mental Health Consultation," suggests four consultation phases:

1. Entry or preparatory phase. Altrocchi points out that the entry of the consultant is a special case of a more general problem - the integration of a new person into an existing social system. Thus suspicion toward and testing of the consultant is inevitable, no matter how warm the welcome seems on the surface. To summarize this issue, Altrocchi suggests:

The recommended stance is that a consultant is wise to assume that the consultee system is a bit paranoid about his entry and it is useful if his attitude, although not his overt behavior, is a bit paranoid too (p. 498).

In this phase, the consultant needs to work continually toward finding out the reason for the consultation request, obtaining and maintaining sanction from administrative leaders and if possible obtaining sanction from the informal leaders in the social system. Altrocchi suggests that another task for the consultant in this phase is the achievement of an understanding of the social system in the consultee agency. Furthermore, the consultant should work with the administration towards reaching a working plan for the consultation.

Hence, the entry or preparatory phase is an exciting but

an anxiety-provoking phase of consultation for both the consultant and the consultee agency.

2. Beginning or warming-up phase. Altrocchi suggests that the chief task in this phase is the establishment of a working relationship between the consultant and the consultee. Running parallel to this task is that of defining the consultation problem. This depends on the collection of data by the consultant. The consultant and consultee can then determine which data are relevant and together define the problem.

From the consultant's point of view, this phase is less anxiety-provoking than was his entry into the system. But it can be lengthy and tedious, with many blind alleys followed before a working relationship is cemented and the central problem for the consultation effort selected.

3. Alternative actions phase. According to Altrocchi, "this is the heart of consultation" (p. 499). Here the consultant can help clarify the problem, bring in additional data and restrain the consultee's enthusiasm from unworkable alternative actions. However, he must ensure that the consultee arrives at his own solution, as he will be the one to carry it out. Altrocchi raises the point that this phase is not complete until some follow-up information on the consultation is available, to determine whether the selected plan worked, or whether supplementary actions are needed.

While conceding the exhilaration of this phase for the consultant, Altrocchi emphasizes that more basic problems are probably just around the corner: "in research, answering one question normally leads to new questions. In mental health consultation, dealing with one problem normally leads on to others" (p. 500). He gives no detail, however, on these imminent problems.

4. Termination. This is the final phase in Altrocchi's scheme of consultation. It involves the mutual agreement between consultant and consultee that the need for consultation is over. Whether one consultation session or a long series is ending, there will be some explicit or implicit feelings at the termination of the human relationship involved. The consultant is usually in a better position than the consultee to notice this mood or emotional tone. Thus he is responsible for ensuring that it does not affect purposes, actions or plans for the future.

Altrocchi concludes his conceptualization of the consultation process by pointing out that since successful consultation makes the job of organizational leadership more complex and demanding, an organization is often less grateful to the consultant for his help than he might expect. Thus a consultant cannot necessarily judge how successful the consultation has been on the basis of the gratitude expressed by the consultees at the time of termination.

In this article Altrocchi provides a framework for the



consultation process. However, he omits important considerations. For example, he gives little detail concerning the Alternative Actions Phase, and disregards the issue of evaluation.

Altrocchi has written a second article in collaboration with Spielberger and Eisdorfer. In "Mental Health Consultation with Groups" (1965) these authors deal briefly with the phases they perceive in consultation.

In discussing a case-seminar method of group mental health consultation, the authors make the point that the phases observable in a single consultation session are recognizable as the phases in the behaviour of small groups. These stages are an introductory phase, a warming-up phase, a problem focused phase and an ending phase. The article elaborates briefly on the early stages of group consultation, highlighting the group's tendency to test the consultant with bizarre or "impossible" cases. However, no further development of these phases is offered. The authors move on to discuss the dynamics of group influence on the roles and techniques of the group consultant. This diversion limits the usefulness of their article to this study.

Jonathan Brown, in his article "Pragmatic Notes on Community Consultation with Agencies" (1967), outlines five developmental phases on consultation:

1. The observational phase. According to Brown, in this stage, the consultant must find answers to a number of questions.

These include:

- a) What is the identity of the consultee group?
- b) What is their expressed need?
- c) What are the more covert or unconscious needs?
- d) Do these needs have any relevance to the professional skills of the consultant?
- e) If relevant, can the skills and resources of the consultant meet the needs?
- f) How will a relationship between this group and the consultant affect the consultant's concurrent or future relationships with other groups?
- g) What are the patterns of authority and status between the consultant and the consultee?
- h) What measures can be employed by both community and consultant to assess the effectiveness of consultation?
- i) What resources exist in the community which could be employed in place of a new consultative relationship? (1967, p. 399).

Brown goes on to expand on each of these questions. For example, in considering the first one (the identity of the consultee group) he indicates the importance of establishing the educational level of the participants, their level of experience in their particular task, social status outside of work, personal interests and attitudes and some idea of their life style. Not to do so, says Brown, invites communicating with the clients in a language that may be inappropriate and incomprehensible to them.

2. The planning phase. Brown identifies two general strategies that may be followed in the planning phase, and indicates that the choice of strategy will be most often indicated by the particular situation. The first is to evolve such plans without discussing them with the agency members, while the second is to share one's observations with

the agency personnel and develop the plans co-operatively. According to Brown, unswerving loyalty to either strategy for all situations is inappropriate, and the criterion for decision-making should be the amount of knowledge the consultant agency has about the field concerned. Frequently the principle of "a little knowledge is a dangerous thing" applies, and hence in cases where the client has little knowledge Brown contends that involvement in the planning phase may produce only ineffective solutions. Brown also suggests that in planning, attention should be given to the feasibility of intervention, suggesting that such matters as staff time, physical space requirements and transportation may all, on occasion, "rise up and smite the mighty consultant and his plan with highly destructive consequences" (1967, p. 402). Brown introduces the concept of evaluation in this phase, indicating that evaluative methods should be clearly established at this point in the process, and urging that the methodology selected concentrate on reliability in data collection and freedom from methods dependent on the participation of many people within the agency, as agency co-operation is unpredictable.

3. The contract-making phase. Brown sees the elements of time, space, attendance and "price" (considered in its most general sense) as the elements common to almost any plan the consultant may evolve to meet the needs of the agency. He urges that there be no ambiguity surrounding the

negotiation of these elements as they are fundamental to success. He then expands on each of these elements in turn. For example, in discussing time he points out that the amount of time necessary for meetings and the like should be clear. The total length of time of the program consultation should also be given if at all possible. If not, clear-cut criteria for termination should be agreed to by both parties.

4. The intervention phase. Brown makes the point that if each of the previous steps has been worked through adequately and a firm and relevant contract drawn up, then presumably the consultant now knows what he wants to do and how to do it. Hence, there are few suggestions that can be offered on a general basis for this phase.

5. The evaluation phase. There are two points to be remembered when evaluating a consultation effort, according to Brown. The first is that the evaluation must have meaning and relevance to the goal of the consultation, which should have been assured in the planning phase. The second is that the evaluation be communicable to both the consultant and the consultee - that both agency and consultant understand clearly what has been achieved by the intervention and what problems still remain.

Brown fulfills the purpose indicated by the title of his article excellently, that is, he offers a comprehensive pragmatic guide to the consultant by indicating successive

phases in the consultation process and then reducing each phase to a number of specific problems and tasks.

Haylett and Rapoport conceive consultation as involving four phases, which they outline in an article entitled "Mental Health Consultation" (1964). Their conceptualization is the one offered by the Encyclopedia of Social Work in its brief article on consultation in social work (1974, pp. 151-161).

1. Preparatory phase: Here the main task is gaining administrative sanction for the consultation through negotiations with the agency administrators. This leads to provisional understanding or a "preliminary contract" for consultation services.
2. Beginning phase. The task of this phase, according to Haylett and Rapoport, consists of the development of a mutually satisfying consultation relationship between the consultant and the consultee. Hence, the authors discuss in detail the interpersonal dynamics of this phase. They see this as the most stressful phase for both consultant and consultee. The consultant, for his part, must try to learn about the consultee organization and its professional subcultures while at the same time trying to find ways in which he can be most useful. Simultaneously, the consultees are "looking him over," with their natural curiosity tempered by many unexpressed expectations and fears.

For the consultee agency the introduction of a consultant

necessitates some realignment of forces, however healthy the agency system may be, and sometimes arouses disproportionate anxiety at all levels of the organization. The consultant should expect initial resistance, defensiveness and anxiety at this point, say the authors, which will be eased (but not removed) after the consultant's trustworthiness and usefulness have been demonstrated. During this time the consultant must define his role and role limitations repeatedly, since the consultee will test these limits in various ways.

3. Problem-solving phase. The major task in this phase - the most crucial one in the consultation process, the authors contend - consists of co-operative efforts to understand the consultee's work problem and, if indicated, to formulate some plans for action. This procedure, the authors suggest, might follow a general problem, systematic consideration of the various possible solutions and decision to follow through on a chosen course. Such a formula provides the practitioner with a "modus operandi" for this phase of the consultation process.

4. Termination phase. This usually follows the solution of the consultee's problem, although Haylett and Rapoport suggest it may also be precipitated by the decision of either party to discontinue the relationship for administrative or personal reasons. The task of the termination phase, as of the preparatory phase, is primarily administrative and should consist of joint evaluation of the service rendered

and joint consideration of future services.

This concludes the literature to be reviewed that pertains to consultation in the mental health field. Each of the works offered a conceptualization of the consultation process in terms of phases or stages. Although the number of phases perceived varies, and the phases are dealt with in varying depth, the concept of phases is consistent.

Under the general heading of consultation in the health field, one author writes in reference to public health. Virginia Insley, in her article "Social Work Consultation in Public Health" (1959), outlines three stages for consultation in this field.

However, according to Insley, before engaging in the consultation process the consultant must first decide whether the request he has received for consultation is consistent with his areas of responsibility and special competence. If the request is inappropriate this must be explained to the prospective client and alternatives suggested.

Having accepted a request, Insley sees the consultant as moving through the following tasks.

1. Exploration of the problem. This is necessary to help the consultant understand the agency's problem and to lay the ground work for mutual understanding of the help which the consultee wants.

2. Diagnostic evaluation. After the initial exploration, the consultant must arrive at a diagnostic evaluation and

develop a plan to give the consultant the required help. The consultant must begin by determining the nature of the problem. This may be exactly the same as the problem stated in the request for consultation, but in some cases the consultant's more objective view may differ from the consultee's perception of the problem. Differences are more likely to appear when the consultee is least aware of his own involvement in the problem. Sometimes exploration will have given the consultee an opportunity to express a need for help with a different problem, which he preferred not to raise or which did not exist when the initial request was made.

3. Planning and implementing the consultation. Having completed the initial diagnostic evaluation, the consultant now needs to plan and carry out the consultation. Insley gives even less elaboration of the tasks in this third stage than in the previous two. This brevity limits the usefulness of her conception for the practitioner. A second criticism is that she does not see evaluation as a task in the consultation process.

Watkins, Holland and Ritvo (1975a, 1975b, 1976) also conceptualize the consultation process in terms of stages. Their writings describe an experimental study in the health field involving social workers, doctors, nurses, health educationalists and nutritionists. The purpose of the study was to develop a tool for evaluating the impact of program consultation in health services. In forming a conceptual



base for the project the writers agreed on the eight steps which they consider comprise the consultation process.

1. Determination of the need for consultation.
2. Initiation of the request for consultation.
3. Organizational assessment and problem formulation by consultant and consultee.
4. Negotiation of the contract.
5. Mutual setting of the consultation objectives.
6. Determination of strategies of action.
7. Implementation of the plan of action.
8. Assessment of outcome of consultation (1975a, p. 31; 1975b, p. 389; 1976, p. 45).

While the authors note that each of these eight steps merits precise attention, the purpose of their study called for focus on only four, namely: organizational assessment and problem formulation, setting of consultation objectives, determination of strategies of action and assessment of the outcomes. The reporting form developed from the study is organized into three parts, reflecting this emphasis. The first relates to the problem formulation stage and requires the consultant and the consultee to analyze the consultee's agency and its health care programs. The following items are basic to the documentation at this stage:

- a) What are the impact and service objectives of the consultee's program?
- b) To what extent is the program presently meeting these objectives?
- c) What are the specific issues upon which the consultation is focusing?
- d) What are the desired outcomes of these issues?
- e) How and to what extent is it anticipated that attainment of these desired outcomes will affect the objectives of the consultee's program? (1975b, p. 389).

The second part of the report form concerns the objectives

of the consultation process which are related to advancing the objectives of the health program in the consultee's agency. Three questions must be answered here:

- a) What are the expected objectives of this consultation?
- b) What indication will be used to demonstrate attainment of these objectives?
- c) How much change in each of these indicators is anticipated by the conclusion of the consultation effort? (1975b, p. 390).

The third and final section of the form concerns the assessment of the consultation's outcome. It takes into consideration positive and negative factors which enhance or impede the achievement of the objectives of the consultation process. There are seven items to be answered at this stage:

- a) To what extent was the consultee able to implement the recommendations and strategies developed with the consultant?
- b) To what extent did this consultation attain its objectives?
- c) To what extent did this consultation effort influence the impact and service objectives of the consultee's program?
- d) Utilizing the indicators of change for each of the consultation objectives, how much change in each objective has taken place by the time of this assessment?
- d) Utilizing the indicators of change for each of the organizational objectives, how much change in each objective has taken place by the time of this assessment?
- f) How much of these observed changes can be accounted for by this consultation effort?
- g) How much of these observed changes can be accounted for by factors outside the consultation effort? (1975b, p. 390).

In summary, the work of Watkins et al. gives an excellent pragmatic outline for particular stages in the

consultation process as part of the development of their form for evaluating the impact of program consultation in health services.

This concludes the section of the literature dealing with the health field. It is noteworthy that each of the seven works reviewed here outlined the consultation process in terms of a series of stages.

### Education

There is one article to review in this field. Donald Klein, in his article "Consultation Processes as a Method for Improving Teaching" (1967), discusses the situation where a consultant is called in to work with a group of teachers. He briefly outlines the three phases he perceives in consultation.

1. During the first phase, according to Klein, the consultant is usually involved in an appraisal of the problem. He may hold regularly scheduled meetings during which diverse views of the situation are discussed and an attempt made to understand the reasons for the divergent points of view. He may also meet with individuals or a sub group in order to uncover information that is not freely expressed in the total group.

2. During the second phase, the consultant usually needs longer and more concentrated working periods, in which he meets with the group. It is during this time, Klein says,

that he seeks to create an altered situation where new relations and procedures may be established to facilitate communication among group members.

3. During the third phase, consultation may be relatively less frequent and concentrated. The consultant's support will probably be helpful at regular intervals, for the purpose of review and evaluation. Klein concludes by making the point that, in actual practice, this three-phase operation may prove inappropriate. Hopefully both the consultant and the consultee group will be flexible enough to alter the process accordingly.

#### Community Psychology

There is also a single work to be reviewed in this field, namely a section of Sheldon Korchin's book entitled Modern Clinical Psychology (1976). In the pages of the book devoted to consultation, Korchin outlines five phases for the consultation process.

1. Entry. Korchin sees the completion of two major tasks as being central to the success of this phase. The first of these is the establishment of a working relationship between consultant and consultee. Korchin notes the attendant anxiety for both parties. The second task is the development of a contract. This establishes such facts as the time the consultant will work, the limits of the consultant's competence and authority and the techniques to be used in the consultation.

2. Defining the problem. With the basic relationship established, attention moves to defining and analyzing the problem. Korchin states that over time, a common perception of the real issues must emerge, but notes that time and successive redefinitions of the issues are required before the consultant and the consultee can agree.

3. Analyzing alternate actions. Following diagnosis of the problem, the task moves to a search for alternate solutions. Korchin points out that a necessary first step, often overlooked, is to discover what the consultee has done in the past, and with what consequences. Jointly with the consultee, alternative further actions are considered - their feasibility, possible impact and side effects, likely costs and benefits and other considerations all discussed.

4. Dealing with barriers to understanding or action. Korchin introduces this phase at this stage in the consultation process, but his writings indicate that it is also a consideration in the second phase, that of defining the problem. He suggests that the consultee's understanding of a problem and decisions as to action may be limited by non-rational factors deriving from psychological problems within the consultee or the consultee agency.

5. Termination. This final phase is concerned with the termination of the originally agreed upon contract. Ideally it occurs when both parties feel that the process has come to a natural end. However, Korchin points out that negative

feelings can intrude at the point of termination, including disappointment, incompleteness or desertion.

### Business and Management

The work of three authors (Beckhard, 1959; Davies, 1969; Lippitt, 1959b) will be reviewed in this section.

Richard Beckhard's article, "Helping a Group with Planned Change: A Case Study" (1959), reports an attempt by a consultant to assist a client system in an industrial setting. The purpose was to diagnose management communications and to plan systematically a change in relationships among the key executives, the department heads and their different departments. Unlike the other articles reviewed to date, Beckhard's article discusses practical experience rather than theoretical outlines. Beckhard outlines five steps in this consultation effort.

1. Initial contact by client system. Beckhard explains that in this case the president of the organization initiated the request for help. He saw the problem as one of improving communication between himself and the sales vice-president, and also had some questions about other management issues.

2. Defining the problem and establishing the relationship. The president felt that there was a need for some formal training of the management group on communications, improvement of meetings and leadership skills. As the president discussed his problem it became clear to the con-

sultant that it was necessary to collect much additional data before planning any activity. The consultant undertook a fact-finding study and the data generated was reported to the president, who then convened a meeting of his executive committee.

3. Planning first action step. In this section of the article Beckhard describes a meeting held by the consultant with the president and the executive committee to re-diagnose the problem and plan the first action step. It was decided to convene a three-day weekend meeting of the executive and the junior management group. The general plan of the conference included three types of activities: (a) communications theory, (b) problem-solving sessions dealing with relationship problems that existed within the group, and (c) demonstration-helping sessions in which the total group worked on some back-home operational problem.

4. Assessment of effects. It was agreed that there be no further contact between the client system and the consultant until people had an opportunity to apply some of the findings of the conferences to their work settings. However, the consultants made a number of predictions concerning the relationship changes which might be observable. It was agreed that these predictions would be checked with subsequent data.

5. Replanning reestablishing the relationship. Approximately four months after the original contact, the client

group again contacted the consultant team, saying they were ready to explore further steps. Meetings were then held between consultants and consultees. The consultees identified those items on which some progress had been made and also the key concerns which had emerged during the intervening few months. By this time a marked change in the consultation relationship was observable. The client was moving toward a more independent status, recognizing the consultant's contribution but wishing to move forward without his help whenever possible. Beckhard concludes his case study at this point, and gives no insight into the termination procedure involved with this company.

Maurice Davies, in his article "Pitfalls in Getting your Plan Adopted," concentrates on the problems the consultant has in exerting sufficient influence over a business organization to have his recommendations accepted by that organization. To achieve his purpose, Davies divides these problems into four types.

1. Those that arise before work starts, when the consultant is taking the preliminary steps prior to receiving administrative sanction to begin work.
2. Those that occur while work is in progress.
3. Those that are encountered at the end of the job, when findings are submitted and conclusions and recommendations offered to the consultee.
4. Those that occur after acceptance, when the consultant is no longer under active assignment to the consultee agency (1969, p. 37).

This discussion forms a framework for a consultation process.



In the remainder of his article Davies does not elaborate sequentially on the four types of problems he perceives. However, he does make suggestions which can be readily related to one of the four areas listed. For example, he mentions that it is important to carry out the pre-entry phase successfully (1969, p. 37). Later in the article he impresses on the reader that a "potential source of disaster is not getting the salient facts" (1969, p. 38). Clearly this is one of the problems that can be encountered while work is in progress. In this way Davies enlarges on the conceptualization he presents through listing the four types of problems which can prevent the consultant having his plan adopted.

Gordon Lippitt, writing for the Journal of Social Issues (1959b), presents a case study concerning a continuing consultation process with a large, semi-governmental social welfare organization. The consultation covered the period from 1953 to 1959.

Lippitt describes this consultation experience as a series of six stages.

1. Developing a sense of need for help or stimulating a need for change in the organization. The basic feeling of need for consultation came out of a request made to the training staff of the consulting organization by the management personnel of the agency. The request was for a study of existing training practices and theories in industrial,

educational and voluntary organizations, as these relate to management development. Meeting this request developed a readiness in management to take a serious look at the best way to develop leaders in the organization.

2. Developing and defining the helping relationship with the organization. The helping relationship with the organization changed as the organization's needs grew and developed and its work in society changed. Three aspects of the relationship emerged. The first concerned consultation on an organizational activity over a period of time, since the management agreed to support a three year initial program in the field of management development. The second aspect of the consultation relationship centered on the use of training specialists in certain functions within the consultee organization. The third revolved around the development of the concept of "core consultants." This occurred towards the end of the consultation, when the organization hired a group of three consultants to develop a particular philosophy and method for consulting. Lippitt provides no details on the human interactions involved in each of these three aspects.

3. Clarifying or diagnosing the nature of the difficulties in the organization. The consultant and consultee together defined a number of difficulties within the organization, such as the distance between the policy makers and the implementors, and the need to build effective human relations throughout the organization. Again, Lippitt gives no detail on the process

involved in arriving at these particular problems as the focus for the consultation.

4. Structuring change possibilities and setting specific change intentions within the organization. Lippitt alludes only briefly to this phase, explaining that at this point in the consultation a number of change possibilities presented themselves. A new awareness of training potentiality developed, which led to some break-throughs in the program units within the organization.

5. Transferring change intentions into change efforts within the organization. Here Lippitt outlines the activities and concepts developed as the ever-widening change possibilities came into focus. These activities included the establishment of a continuing management training program and the institution of a field staff training project.

6. Generalization and stabilization of organizational change. This phase of the change process catalyzed by the consultation assumed a number of different dimensions. These included the effects of the management training program and the stabilization of its contribution throughout the organization, upgrading the role of the training directors and developing the program of training for trainers.

While providing a structure for consultation through his presentation of this case study, Lippitt gives little attention to the practical steps involved in achieving each of the phases he outlines. As the author admits, "the brevity

of this report forces omission of many of these subtleties and realities of a consultation process" (1959b, p. 26).

This concludes the literature pertaining to business and management in this review. Again, the use of phases as a vehicle for conceptualization is prominent.

### Organizational Development

Four of the items reviewed by the author fall into this category (Ferguson, 1969; Glidewell, 1959; Lippitt, Watson & Westley, 1958; Schein, 1969).

Ferguson, in his article "Concerning the Nature of Human Systems and the Consultant's Role" (1969), uses as his vehicle for conceptualizing the consultation process the dimensions of the consultant's role. He lists a variety of tasks for the consultant.

1. Capture data. Here listening is the consultant's main role. As the consultee describes his situation, the consultant must listen for cause and effect, for discrepancies between stories, for respect, confidence and signs of health.

2. Scan for troubled interfaces. Here the consultant searches for discrepancies between factions in the consultee organization.

3. Promote psychological bonding. The consultant encourages the processes that develop cohesiveness within and between human groups. These include meetings and informal sharing sessions.

4. Be a linking agent between people and/or groups.

The consultant can serve to link people or groups that need to be brought together through his skill in promoting effective interpersonal communication and arranging confrontations of people and issues.

5. Serve as a communications conveyer belt. The consultant can act as a human conveyer belt, moving critical attitudinal data in and between parts of an organization in discreet and helpful ways.

6. Suspend animation and analyze process. Since the consultant has no authority except the respect accorded to or earned by him, Ferguson suggests that he can temporarily assert his professional authority in the interest of organizational self and learning.

7. Assist in diagnostic formulation and reformulation of issues. Ferguson refers here to the process by which a consultant can assist the consultee in understanding his problems, and appraising them realistically.

8. Lift up relationship problems and feeling data for consideration. A consultant with understanding of emotions can make a significant contribution by skillfully raising issues involving negative feelings which may be sensitive.

9. Use clinical skills to help make communication more congruent. When discussing this point Ferguson refers specifically to the consultant's ability to interpret non-verbal communication, thus confronting the consultee with

the real meaning of his total communication.

10. Encourage feedback. The consultant can ensure that communication is a two-way process, and hence maximize its effectiveness.

11. Serve as a plumber and/or obstetrician. Sometimes the consultant can gently assist in the removal of communication blocks, much as a plumber might in reaming out a passage. Similarly the consultant is often in a position to sense the birth of developments and to assist in the delivery of significant events, much as an obstetrician does.

12. Promote spirit of inquiry. Here Ferguson refers to the consultant's responsibility to confront the consultee with questions such as "What is happening?", "Why?", "How?", and "How better?".

13. Analyze ongoing problem-solving meetings. In this role the consultant arrests the human interactions involved in consultation long enough and scrutinizes them sufficiently for learning to be gained from each incident.

14. Set up opportunities for mutual coaching and team building. The consultant can set up opportunities for constructive, reciprocal coaching among members of teams for the development of greater effectiveness. Sometimes he can provide coaching suggestions himself. More importantly he can release the capacity of team members to share their observations and constructive suggestions regarding each other's behaviour.

15. Assist in the management of conflict. A consultant can assist the inevitable interorganizational conflict by questioning the effectiveness of norms that smother disagreement and by arranging situations where important disagreements can come into clearly focused confrontation.

16. Help promote a proper psychological climate. By the attitudes he expresses the consultant can help promote a climate of healthy interpersonal relationships, centered on respect, consistency, human warmth, understanding and trust.

17. Take calculated risks because he is expendable. As his final point Ferguson notes that because of his relative freedom from the organizational system, the consultant can take risks in stretching perception and creating awareness for those who are locked into the system.

The perspective of the consultation process which Ferguson takes in this article allows him to write in more detail than other authors reviewed on some of the human variables involved in consultation. Thus his article makes an important contribution to the literature.

Glidewell, in his article titled "The Entry Problem in Consultation" (1959), deals only with this initial stage in the consultation process. He explores it in some detail in order to fulfill his purpose of defining the problems posed by this phase.

Glidewell distinguishes between the role of the consultant and the consultant trainer. The first role requires

the application of objects, skills, ideas or feelings which the client need never possess. The second, however, requires that the client acquire control of objects, skills, ideas or feelings and hence implies learning.

Glidewell suggests that the entry becomes more or less difficult, depending upon the goodness of fit between the consultant and the client system (1959, p. 53).

Lippitt, Watson and Westley (1958) include in their book concerning planned change in organizations, a section on the phases of planned change. Since consultation has been described earlier in this study as a method of planned change, it is pertinent to review this section of their work.

The authors perceive seven phases in the process of planned change.

1. The development of a need for change. Here the authors refer to the process by which difficulties are translated into actual "problem awareness" - a desire to change and a desire to seek help from outside the system. There can be several blocks to this process. For example, there are frequently vested interests in the system which are motivated to reject or prevent an awareness of serious problems. Moreover, problem awareness is not automatically translated into a desire for change.

2. The establishment of a change relationship. Lippitt et al. suggest that one of the most crucial features of this second phase is the way in which the client system begins to



think about the potential change agent. The first impression, especially in respect to estimates of the change agent's ability to give help, his inferred motives and his attributed friendliness or unfriendliness, can do a good deal to determine the future of the relationship.

During this phase the consultant and the consultee must collaborate over the framework for the consultation, agreeing on organizational and procedural questions.

The authors group phases three, four and five together under the general heading of "Working Towards Change." There are three tasks to be accomplished here, each of which they regard as a separate phase in the consultation process.

3. The classification or diagnosis of the client. This step involves the consultant and consultee in collaboration to determine the nature of the client system's difficulties. A number of problems are likely to arise here. -For example, the change agent must acquire information and this can involve training groups in methods of collecting data and undertaking lengthy community self-surveys. The authors suggest that the key to this phase is the fact that the client system is usually coping with a changing and broadening interpretation of its problem. Hence, vested interests are likely to become aware of the threat which is posed by change.

4. The examination of alternative routes and goals.

This is the stage in which the client system translates its

-diagnostic insights first into ideas about alternative means of action and then into definite intentions to change in specified ways. Here both cognitive and motivational problems can arise. For example, the client system becomes anxious about the possibility of failure in attempting new patterns of behaviour or procedural techniques.

5. Transformation of intentions into actual change efforts. The authors suggest that the success of the intervention can be measured by the way in which plans and intentions are transformed into actual achievements. The active work of changing is the keystone of the whole change process, and that is the task of this phase.

6. The generalization and stabilization of change. For the change effort to have maximum results, the change achieved must remain a stable and permanent characteristic of the system. One critical factor in the stabilization of change is the spread or non-spread of change to neighbouring systems or subparts of the client system.

7. Achieving a terminal relationship. Lippitt et al. conclude their conceptualization by suggesting some of the questions which arise at this stage. Has the client system learned problem-solving techniques well enough to cope with new and different problems when the change agent is no longer present? Will changes internal to the client system produce unforeseen conflicts with the environment? Will the client system acquire harmful and half-understood doubts

from other change agents whose conceptions of change are different?

Edgar Schein, in his book "Process Consultation: Its Role in Organizational Development" (1969), devotes five chapters to outlining seven overlapping stages in the process of consultation, which he names as follows:

1. Initial contact with the client organization
2. Defining the relationship - the formal contract and the psychological contract
3. Selecting a setting and a method of work
4. Data gathering and diagnosis
5. Intervention
6. Reducing involvement
7. Termination.

Since these steps are self explanatory and their content has been discussed when reviewing previous works, they will not be elaborated upon.

This concludes the literature to be reviewed under the heading of organizational development. Again, the use of stages emerges as the preferred method for conceptualizing the consultation process.

### Social Work

Among the literature reviewed, only one article related directly to social work offered a conceptualization of the consultation process. In their article concerning administrative consultation, Spencer and Croley (1963) briefly

outline the three stages they consider basic to administrative consultation in social work. These phases are planning, implementation and evaluation.

In the planning phase the consultant is concerned with general planning of a program, rather than its specific details. For example, he may be involved in the decision to establish a new program but may lack the technical competence to advise on the specifics of such a program.

The authors give no details on the implementation phase. With respect to evaluation, they emphasize that it should begin during the implementation stage, since it is at this time that feedback about the validity of the planning becomes available.

This concludes the limited information provided by this article on the process of consultation.

#### Literature Relating to a Cross-Section of Fields

Two articles remain to be reviewed. They do not belong to any of the previous categories, but relate to a cross-section of fields.

The first of these is Blake and Mouton's (1976) book, which offers a new framework for conceptualizing consultation and the process involved. It is impossible to present the theory of this book adequately in a brief review. Suffice it to say that the book provides a systematic presentation

of the scope of the consulting field. It includes within its bounds all professions and all types of consultation.

The vehicle for this presentation is the Consulcube, a three dimensional figure. One dimension deals with possible units of change and contains the individual, group, inter-group, organization and larger social system. The second dimension relates to kinds of interventions used by the consultant. The authors include acceptant, catalytic, confrontational and prescriptive interventions, as well as those anchored in theory and principles. The third dimension is that of focal issues. Power and authority, morale and cohesion, norms and standards and goals and objectives are the issues included in this dimension. The book outlines the many possible situations created by the combinations available in the figure.

An article by Jack Gibb (1959) is the second piece of literature which pertains to a cross-section of fields. "The Role of the Consultant" is the introductory article in a series devoted to consultation and as such has a broad scope, making it applicable to a wide variety of consultation situations.

Gibb presents his conceptualization by listing the problems likely to be found in any consultation effort.

These are:

1. Entry into the client system and how the form and nature of entry predetermines the ensuing relationship.
2. Diagnosis - examination of motives of the client

and the consultant, of problem definition and assessment of barriers.

3. Data collection - agreements upon kinds of data to be gathered and methods for collecting them.
4. Relationship - creating people relations, mutual acceptance of personal and resource worth.
5. Boundary definition - agreements about boundaries in the relationships and the roles taken.
6. Resource development - determining the areas in which the consultant can and should be a resource and how these resources may develop within the client system.
7. Decision-making - how decisions will be made and what role consultants play in this process.
8. Termination - how relationships may be altered as they progress and finally terminate without undue trauma to the system (1959, p. 2).

In this way Gibb provides a general outline for the consultation process.

This concludes the literature to be reviewed for this study. The review has covered both those authors who conceptualize the consultation process and those who do not. In keeping with the purpose of the study, works by the former group of authors were given more detailed attention.

This review has shown that the majority of authors who conceptualize consultation do so in terms of phases and tasks involved.

The next chapter presents the methodology for the study. It outlines the information which will be sought from the literature reviewed.

## References

- Abramovitz, A. B. Methods and techniques for consultation. American Journal of Orthopsychiatry, 1958, 28, 126-133.
- Adamson, F. K. A mental health consultant at work. American Journal of Nursing, 1970, 70, 2164-2166.
- Altrocchi, J. Mental health consultation. In S. E. Golann and C. Eisdorfer (eds.), Handbook of community mental health. New Jersey: Prentice Hall, 1972.
- Altrocchi, J., Spielberger, C. D., & Eisdorfer, C. Mental health consultation with groups. Community Mental Health Journal, 1965, 1, 127-133.
- Balter, L. Psychological consultation in a preschool. Children, 1971, 18, 105-108.
- Beckhard, R. Helping a group with planned change: A case study. Journal of Social Issues, 1959, 15, 13-19.
- Berken, G., & Eisdorfer, C. Closed ranks in microcosm: Pitfalls of a training experience in community consultation. Community Mental Health Journal, 1970, 6, 101-109.
- Blake, R. R., & Mouton, J. S. Consultation. Massachusetts: Addison-Wesley, 1976.
- Brown, J. W. Pragmatic notes on community consultation with agencies. Community Mental Health Journal, 1967, 3, 339-405.
- Buttimer, J. W. Getting the most from a consultant. Textile World, 1975, 125, 93-96.
- Caplan, G. Mental health consultation. In G. Caplan (ed.), Concepts of mental health and consultation. Washington: U.S. Department of Health, Education and Welfare, 1959, 213-232.
- Corneliusson, G. B., & Kenyon, F. H. Hospital consultation to improve maternity care. Children, 1960, 7, 180-183.
- Davies, M. B. Pitfalls in getting your plan adopted. Management Services, 1969, 6, 37-44.
- Deyhle, A. Management consulting or management training? Advanced Management Journal, 1965, 30, 5-12.
- Eriksen, K. Human services today. Virginia: Reston, 1977.

- Ferguson, C. K. Concerning the nature of human systems and the consultant's role. In W. G. Bennis, K. D. Benne & R. Chin (eds.), The planning of change. New York: Holt, Rinehart and Winston, 1969, 407-416.
- Gaupp, P. G. Authority, influence and control in consultation. Community Mental Health Journal, 1966, 2, 205-210.
- Gibb, J. R. The role of the consultant. Journal of Social Issues, 1959, 15, 1-4.
- Gilmore, M. H. Consultation as a social work activity. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 33-50.
- Glidewell, J. The entry problem in consultation. Journal of Social Issues, 1959, 15, 51-59.
- Gorman, T. F. Some characteristics of consultation. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 21-32.
- Green, H. L. Management consultants: How to know what you're getting and get what you pay for. Management Review, 1963, 52, 4-16.
- Green, R. The consultant and the consultation process. Child Welfare, 1965, 44, 425-430.
- Greenhouse, S. M. Management consultants: Analysis or counsellors? Advanced Management Journal, 1965, 30, 52-54.
- Griffith, C. R., & Libo, L. M. Mental health consultants, agents of community change. San Francisco: Jossey-Bass, 1968.
- Grossman, F. K., & Quinlan, D. Mental health consultation to community settings: A case study of a failure to achieve goals. In S. E. Golann, & C. Eisdorfer (eds.), Handbook of community mental health. New Jersey: Prentice Hall, 1972, 617-640.
- Guder, R. F. How to choose, abuse and misuse consultants. Management Review, 1963, 52, 17-20.
- Haylett, C. H., & Rapoport, L. Mental health consultation. In L. Bellak (ed.), Handbook of community psychiatry and community mental health. New York: Grune & Stratton, 1964, 319-340.



Insley, V. Social work in public health. In G. Caplan (ed.), Concepts of mental health and consultation. Washington: U.S. Department of Health, Education and Welfare, 1959, 215-233.

Klein, D. C. Consultation processes as a method for improving teaching. In E. M. Bower & W. G. Hollister (eds.), Behavioral science frontiers in education. New York: Wiley, 1967, 401-419.

Korchin, S. J. Modern clinical psychology. New York: Basic Books, 1976.

Laurie, H. L. (ed.). Encyclopedia of social work. New York: N.A.S.W., 1974, 151-161.

Lippitt, G. L. A study of the consultation process. Journal of Social Issues, 1959a, 15, 43-49.

\_\_\_\_\_. Consulting with a national organization: A case study. Journal of Social Issues, 1959b, 15, 20-27.

Lippitt, R., Watson, J., & Westley, B. Planned change. New York: Harcourt Brace, 1958.

Mannino, F. V., & Shore, M. F. Research in mental health consultation. In S. E. Golann & C. Eisdorfer (eds.), Handbook of community mental health. New Jersey: Prentice Hall, 1972, 755-777.

Paster, I. So you want to be a consultant. Personnel Journal, 1971, 50, 827-833.

Patton, J. A. Consultants at the crossroads. Duns, 1974, 104, 123-124.

Robbins, P. R., & Spencer, E. C. A study of the consultation process. Psychiatry, 1968, 31, 362-368.

Schein, E. G. Process consultation. Massachusetts: Addison-Wesley, 1969.

Shortal, H. Consultation in the public health environment. American Journal of Public Health, 1961, 51, 1274-1279.

Spencer, E. C., & Croley, H. T. Administrative consultation. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 51-68.

Steele, F. Consulting for organizational change. Amherst: University of Massachusetts Press, 1975.

Stringer, L. A. Consultation: Some expectations, principles and skills. Social Work, 1965, 6, 85-90.

Taylor, T. B., & Randolph, J. Community worker. New York: Aronson, 1975.

Tilles, S. Understanding the consultant's role. Harvard Business Review, 1961, 39, 87-99.

Tripodi, T., Fellin, P., & Meyer, H. J. The assessment of social research. Illinois: Peacock, 1969.

Watkins, E. L., Holland, T. P., & Ritvo, R. A. Evaluating the impact of program consultation in health services. (Human Sciences Design Laboratory, School of Applied Social Sciences) unpublished manuscript, Case Western Reserve University, 1975a.

\_\_\_\_\_. Evaluating the impact of program consultation in health services. Health Education Monographs, 1975b, 3, 385-402.

\_\_\_\_\_. Improving the effectiveness of program consultation. Social Work in Health Care, 1976, 2, 43-53.

Weil, R. I. How to select a management consultant. Administrative Management, 1966, 27, 59-60.

Wittreich, W. J. How to buy/sell professional services. Harvard Business Review, 1966, 44, 127-134.

## CHAPTER IV

### METHODOLOGY

The methodology chosen for this study is closely linked to the background outlined in Chapter I. Practical experience in the consultant's role created in the author an awareness of the issues involved therein, and a desire to explore social work literature for the views of other consultants on these issues. However, a search revealed that literature on social work consultation is scarce. Hence, an obvious need presented itself. This need was for the basic aspects of consultation as a social work activity to be recorded, in order that consultation might be debated by theorists and used experimentally by practitioners.

It was the author's awareness of this need for a delineation of the issues involved in consultation, together with her practical experience in the role of program consultant which promoted this study. As a result, what follows is perhaps best described as a conceptualization of practice. It is an attempt to isolate from practice the corner-stone issues and tasks in consultation and develop a model for program consultation. As such it concerns a crucial process in any profession, namely the dialogue between theorist and practitioner, between knowledge and action. As Kamerman suggests:

For the professions the function of knowledge is to develop an effective practice, oriented toward specific purposes, and goals. Consequently, a changing practice must constantly translate knowledge into action; it must dictate and define the boundaries of relevant knowledge and stimulate the search for new knowledge. Part of what makes a given profession distinctive is the nature of the action or practice evolving from placing knowledge within a particular frame of reference (1973, p. 97).

The sparsity of social work literature and research in the field of consultation, together with the comparative infancy of consultation as a structured social work activity dictated that this study be at an exploratory level. Tripodi, Fellin and Meyer (1969) explain that the major purpose of such studies is to refine concepts and to articulate questions and hypotheses for subsequent investigation. A variety of data collection procedures may be used. They include the one selected by this author, namely the use of qualitative data in narrative form, derived from observations of a particular phenomenon.

It is possible to differentiate between research that is undertaken within the context of discovery and research that is undertaken within the context of justification - the first seeks ideas, the second attempts to prove them. This study belongs to the former category. Hence, its major purpose is to develop, clarify and modify concepts and ideas, and to provide a basis for further theory building and for practice.

## Design

The research design for this study derives its structure from Polansky's paradigm of the research process.

His paradigm involves nine steps, which are as follows:

1. A researchable problem is located, sharpened, and related to theory (conceptualized); since this is an applied field, its practical significance is also stated;
2. The logic by which conclusions will be drawn is specified (study design);
3. Potential subjects of the study are identified (sampling design);
4. Instruments for collecting information from or about the subjects are borrowed from others or created (method of data collection);
5. Data is collected (study execution);
6. The data is analysed statistically and/or qualitatively (analysis of results);
7. Results are compared with the problem originally posed so that conclusions may be drawn;
8. Larger implications for theory and for practice are inferred;
9. The significant elements of the whole process are summarized into an intelligible report to be disseminated to colleagues (1975, p. 15).

The first stage, namely the conceptualization of a researchable problem, has to do with the selection of the topic for this study. From the myriad of issues available for research, that of structuring a model for program consultation was selected. The importance of this topic to social work was shown in order to explain its practical significance.

The second step is the formulation of a study design. In this research, the study design or the logic by which conclusions are drawn is based on two factors. The first of these is the author's practical experience as a consultant

which, although limited, has given her an appreciation of the functions of program consultants. The second factor is the literature pertaining to program consultation in social work. The author has defined this broadly, including in her reading material from the fields of business, education, and the like, as well as social work. This is necessary because consultation is also practised in these other fields and some of the concepts discussed there may be relevant to social work consultation.

The third stage in the research process is that of identifying potential subjects for the study. In this study, the sample source was the library and the books it contains, supplemented by material from other libraries, information provided by professionals and available bibliographies on consultation (Mannino, 1969; Watts, 1974). No thesis or dissertation closely related to this study was located. By the use of purposive sampling, the author selected from this sample source the material related to the study and its aims.

The next stage involves the determination of a data collection method. This is a structure by which information can be collected. In this study, the basic data collection method is reading. The researcher has developed a series of questions to provide a framework for this reading. These research questions are outlined in the following section.

Once the data collection instrument has been decided

upon, then the data can be collected according to its dictates. This completed, the data must be analyzed. In this study the data will be analyzed primarily by qualitative measures. Once results have been established, then any implications for social work theory or practice will be discussed, thus completing the eighth stage of Polansky's paradigm. Finally, the task of passing on the findings of the study to colleagues is achieved by the presentation of the study.

### Research Questions

The decision was made to frame the questions to be explored in the form of three research questions.

As noted in the review of the literature, it is common for those authors who conceptualize the consultation process to perceive that process as a number of phases or stages, each with certain tasks to be accomplished. Hence, the researcher has devised a model for the consultation process which employs the concept of phases. This model is summarized in Table 1 and will be elaborated on in the following chapter.

In reading from the Table, any task in the model can be distinguished by a combination of letter and number. For example, the task of obtaining administrative sanction for the consultation can be described as "A1."

The chief research question is based on this model and is as follows:

Table 1  
A Model for the Consultation Process

Phase	Tasks to be Accomplished by the Consultant	
A Entry	1. Obtain administrative sanction for the consultation.	A1
	2. Complete the initial interpretation of the consultation to all levels of agency personnel.	A2
	3. Obtain introductory information on the agency's structure and the service it offers.	A3
	4. Explore and establish the goals of the agency's program.	A4
	5. Explore and establish the goals of the consultation.	A5
	6. Determine the reasons underlying the consultation request.	A6
	7. Establish the most appropriate tone for the consultation.	A7
B Contract-making	1. Spell out the goals of the consultation in terms of problems to be addressed.	B1
	2. Outline the responsibilities of each party in this problem-solving effort.	B2
	3. Set the parameters for this problem-solving task by building in practical considerations such as the time and cost involved.	B3
C Problem-solving	1. Conduct fact gathering and information collection.	C1
	2. Interpret the data so obtained.	C2
	3. Prepare statement of recommendations based on these facts and their interpretation.	C3
D Termination	1. Evaluate the consultation.	D1
	2. Terminate the consultation.	D2



Is the appropriateness of the model for program consultation devised by the researcher supported by the literature?

This question will be answered by using the model as it is presented in Table 1 as a research instrument. To do this, conceptualizations of the consultation process set out in Chapter III will be compared with the model. Those conceptualizations which agree in essence with the model will validate the model to some degree, since this agreement indicates that the steps outlined in the model have been seen as useful by others. Those conceptualizations which do not validate the model in this way will be discussed by the researcher in an attempt to show their shortcomings as compared to the model.

In comparing the tasks suggested by each author reviewed with those outlined in the model, the precise ordering of the tasks will not be taken into account. For example, if an author discusses a step which coincides with step A1 in the model but classifies it as B2, this will still be considered to support the model. Only if the order is considered grossly inappropriate will it be commented on and the stage ignored.

In comparing each author's conceptualization with the model, it will also be necessary to group phases in order to compare. For example, an author may see the tasks outlined in Phase A of the model as belonging to a total of three phases listed by that author. For purposes of com-

parison, these three would be grouped together.

This question is linked to several other research questions which are as follows:

1. Does the author conceptualize the consultation process in any way? If so, is he conceptualizing the consultation process as it relates to social work, or is he relating it to some other field such as education, mental health or business?

2. In what way does the author conceptualize the consultation process? Does he conceptualize it as a series of phases and tasks comparable with the researcher's model, or does he use some method of conceptualization other than that involving phases and tasks?

This concludes the research questions to be answered when analyzing the data presented in Chapter III.

The following chapter amplifies on the model for the consultation process presented in Table 1.

## References

Kamerman, S. B. Knowledge for practice: Social science in social work. In A. J. Kahn (ed.), Shaping the new social work. New York: Columbia University Press, 1973.

Polansky, M. A. Social work research. Chicago: University of Chicago Press, 1975.

Tripodi, T., Fellin, P., & Meyer, H. J. The assessment of social research. Illinois: Peacock, 1969.

## CHAPTER V

### A MODEL FOR PROGRAM CONSULTATION

The researcher suggests that the consultation process is most adequately perceived as a series of four phases - the entry phase, contract-making phase, problem-solving phase and termination phase. These phases are interdependent yet can be separated - albeit somewhat artificially - for the purposes of delineation and analysis. These phases and the tasks involved are outlined below.

#### The Entry Phase

The tasks to be accomplished here originate from the consultation request - that is, the time when the social worker receives a request for him to provide program consultation to a particular agency. Often this request comes first informally, in conversation with a member of agency staff, but at some point the social worker will receive the formal written request.

The nature of the social worker's response to this request depends on several factors. One factor is the geographical proximity of the consultee agency. This determines whether the medium for the initial negotiations will be face-to-face discussion, telephone conversations or letters. If the agency is close at hand and the first

two are used, then this more direct communication greatly expedites the working through of this crucial initial phase. If the agency is some distance away, as is often the case, then the consultant must decide how much time he can spend in the agency - away from his other responsibilities - and how this time can best be allocated. Usually this results in a choice between spending several short periods with the consultee or one longer period, and the basis for choice tends to be practical considerations such as the availability of finance and time rather than the best interests of the consultation process. This latter criterion would favour several trips to the agency. This enables the consultant to move at the client's pace through the tasks of this and subsequent phases more easily as the consultation can be drawn out over whatever period is necessary for the consultee. It also promotes the setting up of a working party comprised of agency personnel who can be set tasks to complete prior to each visit by the consultant. This encourages maximum agency involvement in the consultation process.

A second factor which determines the nature of the social worker's response to the request for program consultation is the role of the person requesting the service within the consultee agency. Often this person is not the administrator of the service - it could be a social worker within the agency who sees the need for consultation and through professional circles has contact with someone able to perform

the task. For example, the consultation with St. Joseph's Home for Children outlined earlier originated with a request from one Sister in the Order of Mercy who had recently completed a social work degree. As a result, she saw the need for additional social work input to the Order's service and had contact with appropriate personnel in the Social Work Faculty at the University of Queensland.

In such cases the consultant's first task is to instruct the author of the request to seek its ratification from the agency's administrative staff. For what reasons? Firstly, as the consultant is not part of the agency's power system his authority rests primarily on his specialized knowledge and skill. If this authority is to be recognized by agency personnel, then the consultant's presence must be legitimated through administrative sanction granted by the consultee agency. Secondly, not to seek such sanction from the agency's administration can jeopardize the consultation in several ways - it threatens the security of all agency personnel as they are accustomed to operating within an hierarchical power structure; it thwarts attempts to involve the agency administration in developing a structure for the most effective use of the consultant's services; and it may well cause the administration to block efforts to operationalize the recommendations from the consultation process at a later date. Thirdly, to attempt the consultation without administrative approval is to violate an essential principal

operating in agency consultation which is that the whole of the agency is the client of the service. As Glidewell expresses it, "the entry of a consultant is a special case of a more general problem: the attachment of a new person to an existing social system" (1959, p. 51). Because of this, any change resulting from consultation will affect all parts of the system to some extent, and so the consultant must include every member of that system - in an appropriate way - in his operation.

Having received administrative sanction, the consultant can then develop negotiations with the consultee agency. At this point one person within the agency tends to emerge - either by default or by selection - as the one with primary responsibility for negotiations with the consultant. From the consultant's perspective it is important that this individual (who will now be referred to as the consultee) has a positive working relationship with the maximum number of people within each echelon of the agency structure. The consultee will have to "sell" the consultant and his service to the agency for, as Siegel points out, to be effective consultation needs to be accepted by the total agency as appropriate and having a place in its program (1955, p. 113). Hence, the consultee must have some influence at the administrative level of the agency in order to communicate to these people the value of the consultation, interpret its progress through each stage and finally influence the administration

to allocate the necessary resources to implement the consultation recommendations. The consultee must also relate positively to agency staff where his initial task will be to interpret the need for consultation, the purposes it will serve and what it will require of the staff, in such a way that they are minimally threatened by the consultant and will be able to co-operate with him. This is a vital task and a difficult one as the very fact that a consultant has to be invited to work with the agency carries the implication that resources to solve the agency's problem are not available among its staff. Hence, the staff members of an agency may see the invitation of a consultant as an implied criticism of their own competence. Especially threatened by this implication is any specialist within the organization in whose jurisdiction the problem for consultation resides. Therefore, the one member of the organization with whom the consultant will have most in common is often the person with whom he finds it most difficult to establish positive relations (Charters, 1955, p. 22). And in small agencies with few, if any, professional staff, this person is most often the one with primary responsibility for negotiation with the consultant. As early as is practicable the consultant himself should have personal contact with all members of the agency to remove the threat of the unknown and begin to allay these fears.

It is with the consultee that the consultant now



explores the consultation request. During this initial negotiating phase the consultant must both obtain and provide a variety of information. He must gain initial factual material regarding the agency's service, such as the nature of its client population, the services it provides to those clients and the extent of its operation. Concurrently he must gain an introductory understanding of the mechanics of the agency's structure and the distribution of power among its members. Later this will be deepened to an appreciation of the "culture" of the organization.

Such basic information opens the way for discussions of the agency's goals. This is often a subject which agency personnel have not considered in anything but the broadest terms of values and commitment. If there has been any attempt to relate such global purposes to practical tasks, frequently the goals arrived at are out of touch with existing community needs. Hence, considerable time and effort must be devoted to assisting the consultee to translate the agency's broad aims into tangible and relevant goals which can be operationalized. This can be a painful process for the consultee. For example, in church voluntary agencies this process may require examination of the church's commitment to social welfare in the twentieth century, the form such commitment should take and its theological rationale.

The agency's goals set the parameters for the goals of the consultation, which must also be explored during the

entry phase. Again, the consultee has generally only a vague outline of the goals he sees for the consultation, at this point. He may realize that some evaluation and change is required, but will need considerable assistance in translating this "gut feeling" into achievable goals. If this translation is not made, the consultee is bound to be disappointed in the result of the consultation. Hence, the consultant will need to make it clear that the consultation cannot achieve the impossible, and the initial proposal for the consultation task may need to be cut back until it attains manageable proportions. It will also be necessary to determine the style of consultation the agency expects. If, for example, the consultee expects help in the form of expert information and advice while the consultant plans to make him rely on and develop his own resources, the consultation is apt to be disappointing or worse if these differences are not resolved in the entry phase.

The consultant also needs to make a judgement about the reasons behind the consultation request and share his judgement as fully as possible with the consultee. It is quite common for agency personnel to call in a consultant for some purpose other than to help with a program, and such covert motivations can greatly affect the consultation (Bordin, 1955; Spencer & Croley, 1963).

For example, agencies may seek consultant services for status reasons or from desire for an outside trouble shooter.

In other instances the consultee may be seeking justification for a solution which he has already arrived at for a particular problem, rather than a "correct" solution to that problem. In such cases, if the consultant's facts point away from the consultee's solution he may try to discredit the consultant's information rather than give up the design to which he is emotionally committed. In addition, a consultant will find that some clients have all the resources they need for solving a problem yet seek his services. This can reflect an effort to avoid responsibility for final action and, hence, shift the blame for any failures to the consultant. To some degree the reliance on an expert can also be perceived as an admission of inadequacy. Without being aware of his purpose a consultee may manoeuvre the consultant into giving counsel on subjects in which he himself is as well or better informed, in order to demonstrate to himself that he is as good a man as the expert.

The consultant needs to make a judgement about which of these factors, if any, underlie the consultation request in order to assess whether he is prepared to accede to the request. Such a judgement will also give a measure of predictability to the reactions of the consultee and his agency as the consultation progresses. The extent to which the consultant can share these observations with the consultee will depend on the consultee's level of defensiveness at this stage in the process.

Determination of the covert factors influencing the consultation request relates to the selection of an appropriate "tone" for the consultation (Morris & Binstock, 1966). This involves the perennial tension between the practical and the ideal. At one extreme is the consensus model where the consultation reflects feelings of the majority of agency personnel about the direction in which their organization should move. Such a consultation creates minimal tension for the agency and is also the easiest to implement. However, it is relatively unlikely to generate new thinking and rarely leads to an improvement in conditions of social welfare. At the other extreme is the conflict model which places maximum emphasis on the desirability of the optimum level of service delivery which can be implemented, given certain resource limitations. Such a consultation is extremely difficult to implement as it is powerfully resisted by agency personnel. However, it may generate highly imaginative and creative thinking within the agency. In theory it is possible for these two extreme positions to coincide. However, in practice this rarely occurs.

To summarize then, the tasks for the consultant in the entry phase are to:

1. obtain administrative sanction for the consultation
2. complete the initial interpretation of the consultation to all levels of agency personnel

3. obtain introductory information on the agency's structure and the service it offers
4. explore and establish the goals of the agency's program
5. explore and establish the goals of the consultation
6. explore the reasons underlying the consultation request
7. establish the most appropriate tone for the consultation.

This is the most crucial phase in the consultation process as here the groundwork is laid for both the consultation relationship and the consultation tasks of subsequent phases. For example, evaluation is based on the goals for the consultation established during this entry phase and the contract derives from the information obtained and the decisions made here. Hence, it is important that this phase is thoroughly worked through. However, there is often considerable pressure from agency personnel to move rapidly through this phase as it produces no tangible results and does not provide any answer to the agency's problem. If an agency is engaging in its first consultation this can be crucial as those who sought the program consultation seek to justify their proposal to doubtful agency personnel.

Ideally the consultation request should not be binding on either the consultant or the consultee agency until the entry phase has been completed. At that point, a decision

can be made on whether to discontinue the process or to proceed. If both parties at this stage are willing to commit themselves to the consultation, then much of the discussion in the entry phase can be drawn together in the form of a contract, which will be the basis for the remainder of the consultation.

#### The Contract-Making Phase

The term "contract" as used in the consultation process is not a legal contract, nor is it necessarily in written form. Rather it is an agreement between the consultant and the client agency on the purpose of the consultation, who will be involved in it and what will be expected of each participant.

No matter how it is negotiated, the consultee must play a major role in delineating the terms of this agreement. If the consultee is to exercise freedom in dealing with the recommendations of the consultation then he must be active in developing the contract. For this reason, the author disagrees with Brown's suggestion for contract-making (1967, p. 404). Brown holds that, as in the advertising world, the consultant should document a "presentation" for the client which embodies the plan of the consultation, its costs, desired ends, techniques and so on. Although this may be appreciated by the consultee, it precludes him from the decision-making process in the contract formulation and

presents him with a fait accompli in which he will have minimal personal investment.

What elements need to be included in the consultation contract? First the goals of the consultation which have been introduced in the entry phase must now be spelled out in operational terms. Time must be allowed to achieve mutual understanding in this area, otherwise the consultant is in danger of moving rapidly toward the solution of the problem with which the consultee does not agree or may even consider non-existent.

Once the goals of the consultation have been agreed upon and the problem to be solved stated, then practical elements such as time can be built in. Although such matters may seem trivial and it is natural for all parties to want to move on to the problem-solving phase, their inclusion gives structure and limits to the consultation which are important for both consultant and consultee. For the consultant, they will aid evaluation in the termination phase as well as provide safeguards in the event of unavoidable conflict where such matters may be raised to cloud the real conflict. For the consultee, limits provide the security of predictability. They are also a practical necessity if the agency is to function efficiently yet still give the consultant access to its resources. Staff need to know what is to be required of them by the consultant, and when.

One vexed question which should be considered here is whether the consultant is to charge a fee for his consultation services. The historical roots of social work and its ethos as a helping profession make the social work consultant generally loathe to charge for the consultation, and to be quite satisfied as long as his out-of-pocket expenses are met by the agency. However, such a stance may not be in the best interests of his client. As has already been suggested, the success of a consultation is closely related to the degree of commitment the consultee agency has to the consultation. Financial commitment can play a part here. If the agency has to allocate funds for the consultation, this can be a powerful motivator in encouraging co-operation with the consultant - if only to "get their money's worth." A financial commitment can have particular value in gaining consultee involvement in the contract-making phase, as agency administrators may be keen for the clear enunciation of the commitments and responsibilities of each party to the consultation which the contract can provide. Such a statement helps justify their expenditure and also builds in an element of accountability which safeguards the agency. Finally, in a materialistic society agency administrators can undervalue and even be suspicious of any service for which they do not have to pay.

If, however, financial payment is involved this adds an important dimension to both the entry and contract-making phases. It must be made clear at this time that the con-



sultant is not being "bought" in order to ensure that the recommendations he makes are in agreement with those of the agency administrators or any other sectional or vested interest group within the agency. It may well be that the consultant's recommendations are in agreement with agency wishes, but the consultant needs the professional freedom to explore all the alternatives and make honest recommendations.

To summarize then, the tasks for the consultant in the contract-making phase are to:

1. spell out the goals of the consultation in terms of problems to be addressed
2. outline the responsibilities of each party in this problem-solving effort
3. set the parameters for this problem-solving task by building in practical considerations such as the time and cost involved.

All eventualities cannot be anticipated at the time the contract is negotiated so the possibility of renegotiation during the problem-solving phase should be made clear. Such renegotiation should not be seen as an indication of failure but rather be anticipated as a natural step towards successful consultation. On the basis of the initial contract however, the consultation can now proceed to the problem-solving phase.

### The Problem-Solving Phase

The contract will provide guidelines for the implementation of this phase as the method of problem-solving selected must be appropriate to the consultation goals. Generally however, this phase will see the accomplishment of three tasks:

1. fact gathering and information collection
2. interpretation of the data so obtained
3. the preparation of a statement of recommendations based on these facts and their interpretation.

The areas in which facts need to be gathered and the most appropriate method for so doing will be dictated by the nature of the problem to be solved and the resources available. Some specific points can be made however. Firstly, it is desirable to approach every member of agency personnel during this stage to gain their perspective on the agency and its problems. This not only broadens the consultant's understanding but also necessitates some commitment to the consultation on the part of each person so approached. In addition, it offers the opportunity for professional relationships in which the consultant can provide information regarding the consultation process and allay any fears it may have raised.

Secondly, the consultee agency must be viewed in the context of the social welfare system operating in its

environment. Therefore, all those agencies with whom the consultee agency interacts should be approached. To function effectively any agency must have good relationships with such organizations on whom it depends for the supply of resources and provision of outlets for its product. Not only will these agencies have a perspective on the agency's problem, but they will also be affected by any change in the consultee agency emanating from the consultation.

The feasibility of such global contact varies. Although in an ultimate sense each agency is linked with others throughout the country, in a small community (by geographical definition) it is possible to contact all organizations with which an agency interacts in its immediate environment.

The facts gathered from these sources both inside and outside the consultee agency should be shared with the consultee who can then be meaningfully involved in the interpretation of this information. As with every other aspect of the consultation it is part of the consultant's task to assess the consultee's capacity to receive and work through such information. There is little value in demanding more of the consultee than he can cope with. If the consultee is threatened beyond the limits which he can handle then he can thwart the consultation process very effectively. For example, he may impede the consultant's access to necessary resources. As a "marginal man" in the agency, with no structural authority, the consultant is

almost powerless in the face of such tactics. His only resource is to the terms of the contract.

An interpretation of the facts allows for recommendations to be made. Such recommendations should offer the consultee and his agency the maximum number of alternatives from which to select a course of action. This maximizes the freedom of the consultee agency to use the information of the consultation as it sees fit in accordance with the principle that responsibility for the outcome of the consultation lies with the consultee. However, while presenting a range of alternatives the consultant has a responsibility to indicate the pros and cons of each course of action and offer his professional judgement on the most appropriate plan considering all facets of the agency's needs and resources.

Although these recommendations are first shared verbally with the consultee, at some point they will need to be recorded in written form for distribution by the agency as it sees fit. Ideally, agency personnel as well as the consultant should be involved in the compilation of such a report which will presumably record the whole consultation process and conclude with the recommendations. Here again, practical considerations intrude. For example, if the consultee agency is in an isolated area and the consultant has elected to visit the agency only once to implement the consultation, then the tendency is for the report to be

discussed with the consultee and preferably the administrative hierarchy prior to the consultant's departure. Because of the pressures of time, the written compilation is left to the consultant when he returns to his own agency. The pressure of his other responsibilities - which is generally higher than usual due to his absence - means that the consultant may not complete his report for weeks or even months after his visit. Hence, when it is received by the agency much of the impetus for change created by the consultation has faded. As the report's recommendations generally create some degree of tension among agency personnel, it is all too easy for the report to be dismissed with comments such as: "He comes here for a week and then thinks he knows all the answers!" and, "He's never worked in this place, how would he know?". In this way the pressure for change is successfully resisted.

With the accomplishment of these three tasks - fact gathering and information collection, interpretation of data, statement of recommendations based on these facts and their interpretation - the consultation then moves into the termination phase.

#### The Termination Phase

This final phase rests on the successful accomplishment of tasks outlined in the previous three phases. Once they have been completed, the tasks for the termination phase

become:

1. evaluation of the consultation (Abramovitz, 1958; Brown, 1967; Caplan, 1970; Chommie & Hudson, 1974; Haylett & Rapoport, 1964; Shyne, 1976; Spencer & Croley, 1963; Weiss, 1974)

2. termination of the consultation.

If the goals for the consultation have been clearly established in the entire and contract-making phases it is now possible to evaluate the success or otherwise of the consultation. The author contends that it is only possible to ascertain the effectiveness of the consultation if its objectives are known. Hence, evaluation is only meaningful within the terms of the consultation contract. As Shyne points out, "the basic ingredients in evaluation are clarity of goal statement and systematic . . . review for evidence bearing on goal attainment" (1976, p. 13). Assessment must be in terms of the consultee's increased ability to make the decisions required to move towards the selected goals. As with any social work client, the worker cannot be concerned with the outcome of these decisions - whether they are, in his terms, for the "good" of the agency and its clientele.

Such a model for evaluation requires only simple methodology for its implementation, namely a comparison of the goals outlined in the contract with a judgement of whether these goals have been achieved or not. Frequently more complex methodology is not appropriate for program

consultation because of limited time and resources.

However, since consultation is addressed to change, some writers (Caplan, 1970; Spencer & Croley, 1963) suggest that evaluation techniques are inevitably those of measuring entities involving extremely complex and numerous variables such as change in attitudes, knowledge, skills and ultimately the actions of the consultee agency and its clients. In such a model, final evaluation of the consultation cannot take place until the end of a specific problem-solving effort some time after the completion of the consultation.

Whichever position is taken on evaluation, the consultee must be maximally involved in order that the evaluation is thoroughly understood and accepted by him and therefore communicable through him to the rest of the agency.

Evaluation of the consultation leads to another task for this termination phase, namely the separation of the consultant from the agency. This involves a decision by both parties as to the nature of this separation. Is there to be no further communication on the consultation, or will the consultant make himself available for further contact should agency personnel request it as they move forward to operationalize the consultation recommendations? The latter seems the most advisable course for the consultant if this is practically possible. Such a course offers some opportunity for the consultant to influence the outcome of the consultation since at this point the recommendations are unproved

hypotheses and their testing will undoubtedly present difficulties for the agency. If further consultation is not available, such difficulties may result in a total abandonment of the consultation's recommendations.

This section has outlined in detail the researcher's model for program consultation. However, for the purpose of data analysis in the next chapter, only the abbreviated form presented in Table 1 will be taken into account when comparing the works of other authors with the model.



## References.

- Abramovitz, A. B. Methods and techniques of consultation. American Journal of Orthopsychiatry, 1958, 28, 126-133.
- Bordin, E. S. Behind the questions. Adult Leadership, 1955, 3, 25.
- Brown, J. W. Pragmatic notes on community consultation with agencies. Community Mental Health Journal, 1967, 3, 399-405.
- Caplan, G. The theory and practice of mental health consultation. London: Tavistock, 1970.
- Charters, W. W. Stresses in consultation. Adult Leadership, 1955, 10, 22-23.
- Chommie, P. W., & Hudson, J. Evaluation of outcome and process. Social Work, 1974, 19, 680-686.
- Glidewell, J. C. The entry problem in consultation. Journal of Social Issues, 1959, 15, 51-59.
- Haylett, C. H., & Rapoport, L. Mental health consultation. In L. Bellak (ed.), Handbook of community psychiatry and community mental health. New York: Grune & Stratton, 1964, 319-340.
- Mannino, F. V. Consultation in mental health and related fields - A reference guide. Maryland: National Institute of Mental Health, 1969.
- Morris, R., & Binstock, R. H. Decisions confronting a planning specialist. Social Service Review, 1966, 40, 9-17.
- Shyne, A. W. Evaluation in child welfare. Child Welfare, 1976, 55, 5-18.
- Siegel, D. Consultation: Some guiding principles. Administration, supervision and consultation. New York: Family Service Association of America, 1955, 111-121.
- Spencer, E. C., & Croley, H. T. Administrative consultation. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 51-68.
- Watts, M. E. An annotated list of references on program consultation for professional health personnel. Maryland: U.S. Department of Health, Education and Welfare, 1974.
- Weiss, C. H. Alternative models of program evaluation. Social Work, 1974, 19, 676-680.

## CHAPTER VI

### DATA ANALYSIS

As noted in Chapter III, the author was able to locate a total of eighteen authors who conceptualize the consultation process. Of these eighteen, only one article (Spencer & Croley, 1963) pertained directly to social work. The others concerned a number of fields, namely health, education, community psychology, business and management and organizational development. Two articles related to a cross-section of fields. These eighteen items can be analyzed as shown in Table 2.

According to this table, the greatest number of authors who conceptualize the consultation process come from the health field.

From the above information it is possible to answer the first research question. To restate the question: Does the author conceptualize the consultation process in any way? If so, is he conceptualizing the consultation process as it relates to social work, or is he relating it to some other field? A total of eighteen authors conceptualize the consultation process according to the definition of "conceptualize" used in this study. Of those eighteen, the majority relate their work to a field other than social work: six discuss consultation in the

Table 2  
Number of Authors in Each Profession Who  
Conceptualize the Consultation Process

Number of Authors	Profession or Field				
	Health Educa- tion	Community Psychology	Business Manage- ment	Organiza- tional Develop- ment	Cross- Section of Social Work Fields
6	1	1	3	4	2

health field, one in the educational field, and another in the area of community psychology, three in the field of business and management and four in the area of organizational development. Two articles relate to a number of fields and one to social work.

The majority of the eighteen authors reviewed conceptualize consultation as a series of phases or stages. Only three authors (Blake & Mouton, 1976; Davies, 1969; Ferguson, 1969) do not. Blake and Mouton use the concept of the Consulcube while Davies builds his structure for consultation around the problems the consultant is likely to face during his work with the consultee. Ferguson ~~uses~~ the dimensions of the consultant's role to formulate his view of the consultation process.

Glidewell (1959) discusses only the entry phase of consultation in his article. Although he does not offer a total perception of the consultation process, his writing suggests a preference for a view based on phases and tasks. However, because he refers only to the entry phase, he will not be included among those authors who conceptualize the total consultation process as a group of phases.

~~The~~ remaining fourteen authors all see consultation as a series of phases and tasks. The number of phases perceived varied greatly from a minimum of three to a maximum of eight with a mean of 5.14. Similarly, the tasks seen to belong to each phase varied considerably, and some authors did not

enumerate each task. The number of phases perceived by each author is outlined in Table 3. The number perceived by the researcher is included for comparison.

As some authors did not make clear the tasks they included in each phase, it is not meaningful to compare the number of tasks suggested by each author with those this researcher suggests.

At this point, it is possible to answer the second research question. To restate the question: In what way does the author conceptualize the consultation process? Does he conceptualize it as a series of phases and tasks comparable with the researcher's model? Or does he use some method of conceptualization other than that involving phases and tasks? As noted earlier, three authors use some conceptualization other than that involving phases and tasks. Glidewell (1959) mentions only one phase. The remaining fourteen authors use a framework similar to that of the researcher. However, the number of phases they set out may vary in name and in number from the researcher's. In a similar way, the tasks perceived may also differ. More information in this area will be clear when the chief research question has been answered.

As outlined in the previous chapter, the major research question is as follows: Is the appropriateness of the model for program consultation presented by the author supported by the literature? This will be answered by comparing it

Table 3

Number of Phases in the Consultation Process  
as Perceived by Different Authors

Author	Number of Phases
Researcher	4
Altrocchi, 1972	4
Altrocchi et al., 1965	4
Brown, 1967	5
Haylett & Rapoport, 1964	4
Insley, 1959	3
Watkins et al., 1975a, 1975b, 1976	8
Klien, 1967	3
Korchin, 1976	5
Beckhard, 1959	5
Lippitt, 1959	7
Lippitt et al., 1958	7
Schein, 1969	7
Spencer & Croley, 1963	3
Gibb, 1959	8

with the material offered by other authors who conceptualize the consultation process in a similar way to the researcher.

In answering the question it has been necessary to omit some of the eligible fourteen authors because they do not provide sufficient detail on their scheme for meaningful comparison. Included here are Altrocchi et al. (1965); Insley (1959); Klien (1967); and Spencer and Croley (1963). Each of these authors provide little more than a list of the phases he perceives.

In comparing the work of the remaining ten authors with that of the researcher some interpretation of their writing has been necessary. Understandably, no author presents his information in exactly the same way as the researcher.

The information gained from comparing the conceptualization of these ten authors with that of the researcher is presented in Table 4.

An asterisk in the Table signifies that the author being reviewed makes mention of a phase or task that can be considered the same as that offered by the researcher.

Altrocchi (1972) lists an entry or preparatory phase plus a beginning or warming-up phase which, together, give the same sense as the entry phase perceived by the researcher. However, Altrocchi pays particular attention to the emotional strain involved, and only scant attention is given to the five tasks he mentions here which are comparable

Table 4

Phase and Tasks Perceived in the Consultation Process  
by Authors Compared with Those Perceived by  
the Researcher

Phase and Task	Researcher	Altrocchi 1972	Brown 1967	Haylett & Rapoport 1964	Watkins et al. 1975a, 1975b, 1976	Korchin 1976	Beckhard 1959	Lippitt 1959b	Lippitt et al. 1958	Schein 1969	Gibb 1959
	P. T.	P. T.	P. T.	P. T.	P. T.	P. T.	P. T.	P. T.	P. T.	P. T.	P. T.
A1	*	*		*							
A2	*										
A3	*	*			*		*				*
A4	*	*	*	*		*		*	*		
A5	*	*	*	*	*						
A6	*	*	*								
A7	*	*									
B1	*		*		*	*		*	*	*	*
B2	*		*	*	*	*				*	
B3	*		*		*	*				*	*
C1	*	*			*		*			*	*
C2	*	*	*	*	*	*			*	*	*
C3	*				*					*	
D1	*	*	*	*	*	*			*	*	*
D2	*	*	*	*	*	*			*	*	*

P = Phase T = Task



with the researcher's. He makes no mention of a contract-making phase, although he refers to a contract in the terms of task A5. His fourth phase, that of alternative actions, is equivalent to the problem-solving phase in the researcher's model, but the two have only one task in common. Altrocchi limits his view of the termination phase to closure of the consultation relationship.

Brown (1967) gives a great deal of detail on a phase he names "observational." This, combined with his planning phase, covers many of the same issues as the researcher's entry phase, and so are considered equivalent. However, only two of the tasks mentioned by Brown in these two phases can be compared directly with the tasks perceived by the researcher in the entry phase. Brown describes a contract-making phase in similar terms to those used in the model. Although he lists an intervention phase which is similar to that of problem-solving, he gives no indication of the tasks involved. He sees evaluation as the chief task for the termination phase.

Haylett and Rapoport (1964) outline a preparatory phase and a beginning phase which together cover the area contained in the model's entry phase. These authors include the building of a relationship between the consultant and consultee as a specific task for this stage while the model presumes the formation of the consultation relationship. Like Altrocchi (1972) these authors discuss the strains for

both consultant and consultee that pervade this phase.

Haylett and Rapoport do not include a contract-making phase in their framework, but they do discuss the formation of a preliminary contract in the preparatory phase. When discussing the problem-solving phase these authors use a different framework from that used in the model - the two have only one task in common. Haylett and Rapoport limit their perception of termination to concluding the consultation relationship.

Watkins et al. (1973a, 1975b, 1976) see consultation as a list of tasks which they do not divide into phases. As shown in Table 4, many of these tasks coincide with those in the model.

Korchin (1976) perceives an entry phase to the consultation process, but he includes different tasks in this stage to those listed in the model. For example, he includes the evolution of a "clearly understood contract" (1976, p. 515) here. He also emphasizes the emotional impact of the entry phase. He does not provide sufficient detail to check any of the tasks detailed in the entry phase of the model, but it may well be that many checks could be marked if more detail was given in his article. Korchin names the problem-solving phase the alternate actions phase.

Beckhard's (1959) article describes an actual consultation in which he was involved. It is difficult to distil theory from this practical example in order to compare the

conceptualization with the model. Hence, relatively few checks can be marked on the Table. This same situation applies to the article by Lippitt (1959b).

Lippitt et al. (1958) call their first phase "the development of a need for change." In the discussion of this phase they indicate that the consultant has a role in initiating the consultation request. This aspect of the consultant's role is also suggested by Watkins et al. (1975a, 1975b, 1976) and Beckhard (1959). This is contrary to the philosophy of the model which assumes that the consultation request should come unsolicited from the consultee agency. Such a situation gives the consultant the maximum opportunity to guide the consultation in a professional way. Lippitt et al. go on to outline six other phases which can be compared with the model as shown in Table 4.

Schein (1969) lists seven phases for the consultation process. Some of these can be combined to equal those given in the model. For example, "data gathering and diagnosis" together with "intervention" approximates the problem-solving phase. Schein does not use the same tasks in the entry phase as suggested in the model. He concentrates on the relationship involved and the initial contact with the agency.

Gibb (1959) presents additional phases to those listed in the model. These include boundary definition and resource development. However, as shown by Table 4, many of

the tasks he outlines are comparable with those in the model.

What information can Table 4 provide? Firstly, it shows that every phase outlined in the model is supported by at least one other author. In the case of the entry phase there are five supporters, three for the contract-making phase, five for the problem-solving phase and six for the termination phase. Hence, 60% of authors supported the model in seeing importance in a termination phase for the consultation process. A total of 50% supported the entry and the problem-solving phases, while 30% supported the inclusion of a contract-making phase.

Secondly, every task included in the model, apart from one, is supported by at least one author. The one task that is unsupported called for an interpretation of the consultation to all levels of the agency personnel. This was included as a way to reduce the tension which accompanies the entry phase. The least frequently mentioned task was the establishment of the most appropriate tone for the consultation which was supported by only one other author. Several tasks were supported by two other authors. These were obtaining administrative sanction for the consultation, obtaining introductory information on the agency's structure and the service it offers, exploring and establishing the goals of the agency's program and setting the parameters for the consultation tasks by building into the contract

such practical considerations as time and cost involved. Perhaps these are the tasks which are least likely to occur to the theorist but emerge in practice. This could explain the minimal support given them as most of the authors give no indication of practical experience in the consultant's role. Yet some of these phases are crucial to the framework needed for a consultation effort. For example, if administrative sanction is not obtained from the consultee agency then the consultation has little validity. Other steps are not of such obvious importance. For example, one could expect that the agency's ongoing goals would be clearly established and hence not need clarification in the consultation process. However, the researcher's experience has suggested that agency directors and their staff may have only a broad or vague understanding of the goals their agency is attempting to achieve. Clarification and interpretation of these goals can improve morale as well as provide a backdrop for the consultation goals.

The tasks which received the most support were those which called for the goals of the consultation to be expressed in terms of problems to be addressed (seven supporters) and for exploration of the goals for the consultation (six supporters). In the case of both these tasks authors tended not to give exactly the same sense as the tasks listed in the model. But they did mention the need to come to terms with the problems to be addressed by

the consultation and the prior need for some decision as to the purpose of the consultation. Hence, the high scores for these two tasks.

A third comment can be made from the Table. While seven authors supported one task in the contract-making phase, only three saw any value in a discrete phase devoted to contract-making. Perhaps this is part of a general unwillingness by practitioners in the helping professions to commit themselves to the achievement of specific tasks. Helping others has for long been perceived as an art rather than a science. It is only recently that helpers, and particularly social workers, are seeing the value for both client and practitioner in an agreed-upon contract.

A fourth point to be made concerns the termination phase. Only 50% of the authors saw evaluation as a part of this or any other phase. Again, this reflects a general reticence to measure success or failure in the helping professions. Yet without such measurement, how can theory and practice advance?

This concludes the information to be discussed from Table 4. The information can now be viewed in the light of the major research question.

The data presented answers the question in a positive way. Each phase in the model is perceived by at least three other authors as being a necessary stage in the consultation process. Except for one, every task outlined

in the model is supported by at least one author. Because of the nature of the data and the sample size it is not meaningful to analyze the available information statistically. However, the weight of the data does support the model.

This chapter has provided an analysis of the data presented by the literature review in relation to the research questions in the study. The next and final chapter offers discussion and recommendations relevant to the study as a whole.

## CHAPTER VII

### DISCUSSION AND RECOMMENDATIONS

This study was undertaken to develop a model for program consultation thereby contributing to social work theory in this area. In Chapter I the purpose, background and rationale for the study were explained. In Chapter II the researcher provided background information on the topic of consultation, defining the term, listing the characteristics of the consultation method and discussing the historical development of this field of social work practice. Next, the literature from a variety of professions which pertained to consultation was reviewed and presented as the data for the study. Chapter IV outlined the research questions to be studied and these were answered by analyzing the data presented in the literature. This analysis showed that the model developed was substantially supported by other authors who perceive consultation as a series of phases and tasks.

There are three issues raised by this study which merit further discussion. These issues are the need for program consultation as a social work service, and the need for a working model of program consultation and the current absence of such a model. These issues form the basis for recommendations resulting from the study and will be discussed in the following pages.



The need for consultation as a social work service is evident in the rationale for this study. As pointed out in Chapter I, there are a number of pressures promoting the need for consultation and as these pressures seem likely to exist for some time there will be a continuing demand for professional social workers capable of providing consultation services.

This suggests that social work educators have a responsibility for offering appropriate training so that some social workers have the skills required for the consultant's task. These skills are twofold. Firstly, the consultant needs proficiency in the particular service area in which the consultee agency is involved. This may be child welfare, family services, medical social work or any other social work field. Hence, the would-be consultant needs a basic training in the service area augmented by practical experience. Secondly, the consultant needs to be proficient in the consultation method. It is in this area that social work education is presently deficient and changes need to be made. Courses in consultation should be offered as post-graduate specialties. At present, if any training in the consultation method is offered it tends to be as a minor topic in a course on supervision or administration. Yet consultation is a distinct skill with the unique characteristics that were outlined in Chapter II.

Hence, the first recommendation resulting from this

study is that training in consultation as a distinct social work field be offered in post-graduate social work education programs. In this way the profession can meet the need for trained practising consultants.

The second issue raised by the study is the need for a working model of program consultation. If social workers are to provide consultation services, there needs to be a commitment on the part of the profession to increasing the body of knowledge in the area. This knowledge can form the basis for continuing research and provide guidelines for practice. This study has made a contribution to theory building regarding consultation. However, this model now needs to be tested in a variety of practical settings in order to examine its usefulness, build on its strengths and eliminate its weaknesses.

Hence, the second recommendation which can be made as the result of this study concerns the need for further research in the area of program consultation. It is recommended that the model developed in this study be experimented with in practical settings.

The third issue raised by the study which requires discussion is the current absence of a model for program consultation in social work. As noted in the presentation of data, only one author among those reviewed provided a model for consultation in social work. This may be part of a general reticence on the part of social workers to write

about their knowledge. Traditionally, social work is a profession committed to action and this mitigates against research and writing. Yet if there is to be a firm basis for action, research and writing are essential. Hence, those social workers providing consultation services - in either a formal or ad hoc way - must write about their experiences in order that information on the subject may be shared among professionals and, hence, a body of theoretical and practical knowledge developed.

Hence, the third recommendation from the study is that those social workers presently working as consultants share their experiences through such medias as books, journal articles and conference papers.

To sum up, the recommendations from this study are as follows:

1. That consideration be given to including specialized courses on consultation in post-graduate social work education programs.
2. That the model for program consultation developed in this study be tested in a variety of controlled practical settings.
3. That those social workers currently involved in consultation commit their experiences and ideas to paper in order that they may be shared within the profession.

## BIBLIOGRAPHY

- Abramovitz, A. B. Methods and techniques of consultation. American Journal of Orthopsychiatry, 1958, 28, 126-133.
- Adamson, F. K. A mental health consultant at work. American Journal of Nursing, 1970, 4, 16-21.
- Alcorn, B., & Krok, M. St. Mary's Alice Springs: A preliminary report. University of Queensland, February 1975.
- Altrocchi, J. Mental health consultation. In S. E. Golann & C. Eisdorfer (eds.), Handbook of community mental health. New Jersey: Prentice Hall, 1972.
- Altrocchi, J., Spielberger, C. C., & Eisdorfer, C. Mental health consultation with groups. Community Mental Health Journal, 1965, 1, 127-133.
- Argyris, C. Explorations in consulting - client relationships. Human Organization, 1961, 20, 25-30.
- \_\_\_\_\_. Integrating the individual and the organization. New York: Wiley, 1964.
- \_\_\_\_\_. T-Groups for organizational change. Harvard Business Review, 1964, 42, 60-74.
- \_\_\_\_\_. Management and organizational development. New York: McGraw-Hill, 1971.
- Balter, L. Psychological consultation in a preschool. Children, 1971, 18, 105-108.
- Bartlett, H. M. Social work practice in the health field. New York: N.A.S.W., 1961.
- Beckhard, R. Helping a group with planned change: A case study. Journal of Social Issues, 1959, 15, 13-19.
- \_\_\_\_\_. The confrontation meeting. Harvard Business Review, 1967, 45, 149-155.
- Benne, K. D. Some ethical problems in group and organizational consultation. Journal of Social Issues, 1959, 15, 38-49.
- Bennis, W. G. Changing organizations. New York: McGraw-Hill, 1966.
- \_\_\_\_\_. Beyond bureaucracy - essays on the development and evolution of human organization. New York: Wiley, 1973.

Bennis, W. G., Benne, K. D., & Chin, R. The planning of change. New York: Holt, Rinehart & Winston, 1969.

Berken, G., & Eisdorfer, C. Closed ranks in microcosm: Pitfalls of a training experience in community consultation. Community Mental Health Journal, 1970, 6, 101-109.

Bindman, A. J. Mental health consultation: Theory and practice. Journal of Consulting Psychology, 1959, 3, 470-477.

Blake, R. R., & Mouton, J. S. Consultation. Massachusetts: Addison-Wesley, 1976.

Bordin, E. S. Behind the questions. Adult Leadership, 1955, 3, 25.

Brown, J. W. Pragmatic notes on community consultation with agencies. Community Mental Health Journal, 1967, 3, 399-405.

Buttimer, J. W. Getting the most from a consultant. Textile World, 1975, 125, 93-96.

Canadian Council for Social Development (Research and Development Branch) Case Studies in Social Planning 1. The Winnipeg Audit. Ottawa, August 1971.

Caplan, G. (ed.). Concepts of mental health and consultation. Washington: U.S. Department of Health, Education and Welfare, 1959.

\_\_\_\_\_. Types of mental health consultation. American Journal of Orthopsychiatry, 1963, 33, 86-98.

\_\_\_\_\_. Principles of preventative psychiatry. New York: Basic Books, 1964.

\_\_\_\_\_. The theory and practice of mental health consultation. New York: Basic Books, 1970.

Carter, M. Perspectives on planning. Canadian Council on Social Development, Ottawa, 1973.

Charters, W. W. Stresses in consultation. Adult Leadership, 1955, 10, 22-23.

Chommie, P. W., & Hudson, J. Evaluation of outcome and process. Social Work, 1974, 19, 680-686.

Cockerill, E. E. (ed.). Social work practice in the field of Tuberculosis: Proceedings of a symposium. University of Pittsburgh School of Social Work, 1954.

Corneliuson, G. B., & Kenyon, F. H. Hospital consultation to improve maternity care. Children, 1960, 7, 180-183.

Davey, M. G. The external consultant's role in organizational change. Michigan State University: Graduate School of Business Administration, 1971.

Davidson, P. O., & Schrag, A. R. Factors affecting the outcome of child psychiatric consultations. American Journal of Orthopsychiatry, 1969, 39, 139-145.

Davies, M. B. Pitfalls in getting your plan adopted. Management Services, 1969, 6, 37-44.

Deyhle, A. Management consulting or management training? Advanced Management Journal, 1965, 30, 5-12.

Encyclopedia of Social Work. New York: N.A.S.W., 1974, 156-157.

Eriksen, K. Human services today. Virginia: Reston, 1977.

Gaupp, P. G. Authority, influence and control in consultation. Community Mental Health Journal, 1966, 2, 205-210.

Gibb, J. R. The role of the consultant. Journal of Social Issues, 1959, 15, 1-4.

Gilmore, M. H. Consultation as a social work activity. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 33-50.

Glidewell, J. The entry problem in consultation. Journal of Social Issues, 1959, 15, 51-59.

Gordon, W. E. A critique of the working definition. Social Work, 1962, 7, 8-13.

Gorman, T. F. Some characteristics of consultation. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 21-32.

Green, H. L. Management consultants: How to know what you're getting and get what you pay for. Management Review, 1963, 52, 4-16.

Green, R. The consultant and the consultation process. Child Welfare, 1965, 44, 425-430.

Greenhouse, S. M. Management consultants: Analysis or counsellors? Advanced Management Journal, 1965, 30, 52-54.

- Griffith, C. R., & Libo, L. M. Mental health consultants, agents of community change. San Francisco: Jossey-Bass, 1968.
- Grossman, F. K., & Quinlan, D. Mental health consultation to community settings: A case study of a failure to achieve goals. In S. E. Golann & C. Eisdorfer (eds.), Handbook of community mental health. New Jersey: Prentice Hall, 1972, 617-640.
- Guder, R. F. How to choose, abuse and misuse consultants. Management Review, 1963, 52, 17-20.
- Harriman, B. Up and down the communications ladder. Harvard Business Review, 1974, 52, 143-151.
- Haylett, C. H., & Rapoport, L. Mental health consultation. In L. Bellak (ed.), Handbook of community psychiatry and community mental health. New York: Grune & Stratton, 1964, 319-340.
- Hollister, W. G. Some administrative aspects of consultation. American Journal of Orthopsychiatry, 1962, 32, 52-59.
- Insley, V. Social work consultation in public health. In G. Caplan (ed.), Concepts of mental health and consultation. Washington: U.S. Department of Health, Education and Welfare, 1959, 215-233.
- Kadushin, A. The social work interview. New York: Columbia University Press, 1972.
- Kamerman, S. B. Knowledge for practice: Social science in social work. In A. J. Kahn (ed.), Shaping the new social work. New York: Columbia University Press, 1973.
- Klein, D. C. Consultation processes as a method for improving teaching. In E. M. Bower & W. G. Hollister (eds.), Behavioral science frontiers in education. New York: Wiley, 1967, 401-419.
- Korchin, S. J. Modern clinical psychology. New York: Basic Books, 1976.
- Laurie, H. L. (ed.). Encyclopedia of Social Work. New York: N.A.S.W., 151-161.
- Lippitt, G. L. A study of the consultation process. Journal of Social Issues, 1959a, 15, 43-49.
- \_\_\_\_\_. Consulting with a national organization: A case study. Journal of Social Issues, 1959b, 15, 20-27.

Lippitt, G. L., Watson, J., & Westley, B. Planned change. New York: Harcourt Brace, 1958.

McMurray, R. M. Conflicts in human values. Harvard Business Review, 1963, 41, 130-145.

\_\_\_\_\_. Clear communications for chief executives. Harvard Business Review, 1965, 43, 131-147.

Mannino, F. V. Consultation in mental health and related fields - a reference guide. Maryland: National Institute of Mental Health, 1969.

Mannino, F. V., & Shore, M. F. Research in mental health consultation. In S. E. Golann & C. Eisdorfer (eds.), Handbook of community mental health. New Jersey: Prentice Hall, 1972, 755-777.

Meehan, M. C. The administrative staff consultant as a resource to the school administrator for the improvement of interpersonal relations. American Journal of Orthopsychiatry, 1969, 39, 89-102.

Ministry of Community and Social Services, Task Force on Community and Social Services. Report on selected issues and relationships. January 1974.

Morris, R., & Binstock, R. H. Decisions confronting a planning specialist. Social Service Review, 1966, 40, 9-17.

Mager, S., & Cook, P. E. Some ideological considerations underlying a mental health consultation program in public schools. Community Mental Health Journal, 1973, 9, 41-53.

Ontario Department of Social and Family Services, Minister's Advisory Committee on Adoption and Foster Care. Report on adoption and foster care. June 1970.

Ontario Ministry of Community and Social Services, Task Force on Community and Social Services. Report on selected issues and relationships. January 1974.

Paster, I. So you want to be a consultant. Personnel Journal, 1971, 50, 827-833.

Patton, J. A. Consultants at the crossroads. Duns, 1974, 104, 123-124.

Polansky, M. A. Social work research. Chicago: University of Chicago Press, 1975.



- Rapoport, L. Consultation: An overview. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 7-20.
- Robbins, P. R., & Spencer, E. C. A study of the consultation process. Psychiatry, 1968, 31, 362-368.
- Schein, E. G. Process consultation. Massachusetts: Addison-Wesley, 1969.
- Scott, W. D. Report of the Salvation Army's activities in Sydney area. Sydney: W. D. Scott & Associates, 1972.
- Selltiz, C., Jahoda, M., Deutsch, M., & Cook, S. Research methods in social relations. New York: Holt, Rinehart & Winston, 1959.
- Selltiz, C., Wrightsman, L., & Cook, S. Research methods in social relations. New York: Holt, Rinehart & Winston, 1976.
- Shortal, H. Consultation in the public health environment. American Journal of Public Health, 1961, 51, 1274-1279.
- Shyne, A. W. Evaluation in child welfare. Child Welfare, 1976, 55, 5-18.
- Siegel, D. Consultation: Some guiding principles. Administration, supervision and consultation. New York: Family Service Association of America, 1955, 111-121.
- Spencer, E. C., & Croley, H. T. Administrative consultation. In L. Rapoport (ed.), Consultation in social work practice. New York: N.A.S.W., 1963, 51-68.
- Steele, F. Consulting for organizational change. Amherst: University of Massachusetts Press, 1975.
- Stein, I. Systems theory, science and social work. New Jersey: Scarecrow, 1974.
- Stringer, L. A. Consultation: Some expectations, principles and skills. Social Work, 1965, 6, 85-90.
- Taber, M., Lathrope, D., Small, S., Kempl, M., Flynn, M., & Coyle, J. Handbook for community professionals - an approach for planning action. Illinois: Thomas, 1972.
- Taylor, T. B., & Randolph, J. Community worker. New York: Aronson, 1975.

- Tilles, S. Understanding the consultant's role. Harvard Business Review, 1961, 39, 87-99.
- Towle, C. Workshop on the consultation process. School of Social Service Administration. Unpublished manuscript, University of Chicago, 1951.
- Tripodi, T., Fellin, P., & Epstein, I. Social program evaluation. Illinois: Peacock, 1971.
- Tripodi, T., Fellin, P., & Meyer, H. J. The assessment of social research. Illinois: Peacock, 1969.
- Watkins, E. L., Holland, T. P., & Ritvo, R. A. Evaluating the impact of program consultation in health services. (Human Sciences Design Laboratory, School of Applied Social Sciences) unpublished manuscript, Case Western Reserve University, 1975a.
- \_\_\_\_\_. Evaluating the impact of program consultation in health services. Health Education Monographs, 1975b, 3, 385-402.
- \_\_\_\_\_. Improving the effectiveness of program consultation. Social Work in Health Care, 1976, 2, 43-53.
- Watts, M. E. An annotated list of references on program consultation for professional health personnel. Maryland: U.S. Department of Health, Education and Welfare, 1974.
- Weil, R. I. How to select a management consultant. Administrative Management; 1966, 27, 59-60.
- Weiss, C. H. (ed.). Evaluating action programs. Boston: Allyn & Bacon, 1973.
- \_\_\_\_\_. Alternative models of program evaluation. Social Work, 1974, 19, 676-680.
- Williston, W. B. Present arrangements for the care and supervision of mentally retarded persons in Ontario. Ontario Department of Health, August 1971.
- Wittreich, W. J. How to buy/sell professional services. Harvard Business Review, 1966, 44, 127-134.
- Woods, T. L. Social work consultation and student training in day care centers. Child Welfare, 1973, 52, 31-39.

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